FS Form 5444
Department of the Treasury
Bureau of the Fiscal Service
(Revised August 2015)

OMB #1535-0138

Treasury Direct. Account Authorization

IMPORTANT: Follow instructions in filling out this form. You should be aware that the making of any false, fictitious, or fraudulent claim or statement to the United States is a crime that is punishable by fine and/or imprisonment.

PRINT IN INK OR TYPE ALL INFORMATION

- 1. Wait until you are in the presence of a certifying officer to sign this form. Identification may be required.
- Acceptable certifying officers include authorized employees of insured depository institutions and corporate central credit unit

| | CFR Part 363. I understand that my TreasuryDirect account will be a erjury, I certify the information provided is true, correct and complete. |
|--|--|
| of when he | 285-46-1142 |
| (Signature) | Texpayor Identification Number (SSN/EIN) |
| WARIN VIEW KOAD SCAL | 2 PROSS, OR 97056 503-730-4994 |
| DOSTVENI | Telephone (Daytme) |
| DUST EEN | HETH C PROTON MAIL COM |
| The individual must sign in your present | nee and was a set |
| Acceptable certifications include the fi | ince and you must complete the certification and affix your stamp or sinancial institution's official seal or stamp (such as corporate seal, |
| | |
| | |
| Planne of Person V | The Appeared , whose identity is known or |
| | |
| ally appeared before me this | day of MUATZELH , ZO18 |
| | (Month) (Year) |
| DE OREGON | , and signed this authorization. |
| (State) | , so and define Zation, |
| | March Royald Must |
| TURE GUARANTEED | Gregory Ronald Club |
| LION GUARANTEED MEAN | GREGORY RONALD KENT (Printed Name and Title of Continging Officer) |
| ERAL CREDIT UNION | (Printed Name and Title of Certifying Officer) |
| Tronell ella | ST HELEN CREDIT UNION |
| AUTHORIZED SIGNATURE | (Name of Financial Institution) |
| 128010778 | Po Box 537 |
| | ONTAIN VIEW BOAD SCAN Mailing Address POST KENN The individual must sign in your present Acceptable certifications include the first signature guaranteed stamp, or medaline Certification by a notary public is NOTENNETH WILLIAM DOS ONNETH WILLIAM DOS Ally appeared before me this ZZ OSSE, OREGON |

ACCEPTABLE CERTIFICATIONS: Financial institution's official seal or stamp (such as corporate seal, signature guaranteed stamp, or medallion stamp).

(Notary certification is NOT acceptable.)

Po Box 537 (Address)

503 397 2376

NOTICE UNDER THE PRIVACY ACT AND PAPERWORK REDUCTION ACT.

The collection of the information you are requested to provide on this form is authorized by 31 U.S.C. Ch. 31 relating to the public debt of the United States. The furnishing of a Social Security Number, if requested, is also required by Section 6109 of the Internal Revenue Code (26 U.S.C. 6109).

The purpose of requesting the information is to enable the Bureau of the Fiscal Service and its agents to issue securities, process transactions, make payments, identify owners and their accounts, and provide reports to the internal Revenue Service. Furnishing the information is voluntary; however, without the information Fiscal Service may be unable to process

Information concerning securities holdings and transactions is considered confidential under Treasury regulations (31 CFR, Part 323) and the Privacy Act. This Information may be disclosed to a law enforcement agency for investigation purposes; courts and counsel for itigation purposes; others entitled to distribution or payment; agents and contractors to administer the Fisical Service; agencies or entities for debt collection or to obtain current addresses for payment; agencies through approved computer matches; Congressional offices in response to an inquiry by

We estimate it will take you about 5 minutes to complete this torm. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form.

Any comments or suggestions regarding this form should be sent to the Bureau of the Fiscal Service, Forms Management Officer, Parkersburg, WV 26106-1328, DO NOT SEND completed form to this address; send to the address shown in the Instructions.

For official use only.

Customer Name

PD F 5188 E Department of the Treasury Bureau of the Public Debt (Revised June 2012) Customer No.

OMB No. 1535-0069

DURABLE POWER OF ATTORNEY FOR SECURITIES AND SAVINGS BONDS TRANSACTIONS

IMPORTANT: Follow instructions in filling out this form. You should be aware that the making of any false, fictitious, or fraudulent claim or

| 5 | tatement to the United States is a crime that is punishable by fine and/or imprisonment. |
|----|--|
| | PRINT IN INK OR TYPE ALL INFORMATION |
| 1. | APPOINTMENT |
| | I, KENNETH W DOST , hereby appoint (Name of Grantor) |
| | Kenneth-William: Dost as my attorney-in-fact. |
| 2. | AUTHORITY |
| | (Check as many boxes as you choose) |
| | A. Relating to my Treasury securities and United States Savings Bonds and Notes, I authorize my attorney-in-fact named above to perform any and all transactions that Treasury regulations permit an attorney-in-fact to make. This authority includes the right to execute tax documents related to these securities. This does not include the authority to make transfers to the attorney-in-fact or to make gifts to others. |
| | B. I authorize my attorney-in-fact named above to exercise any powers and duties, whether or not discretionary, that I am authorized to perform regarding securities belonging to any trust, probate estate, guardianship, conservatorship, custodianship, or other similar estate for which I am now, or may later be, appointed as fiduciary. |
| | C. In addition to one or both of the above, I authorize my attorney-in-fact to make gifts to others. I further authorize my attorney-in-fact to make transfers (either for consideration or as a gift) to the attorney-in-fact. |
| | Authorized transactions may include, but are not limited to, changes of payment information, collection of interest redemptions, transfers, assignments, purchases by ACH (PayDirect) or any other authorized |

Authorized transactions may include, but are not limited to, changes of payment information, collection of interest, redemptions, transfers, assignments, purchases by ACH (PayDirect®) or any other authorized payment method, or reinvestments. The Bureau of the Public Debt will not be liable for any loss, cost, or expense that you may incur as a result of transactions made by the attorney-in-fact appointed.

3. TERM AND DURABILITY

This power is effective until it is revoked in writing. (See Item 3 in the instructions for revocation procedures.) This is a durable power of attorney that will not be affected by the grantor's subsequent disability or incapacity.

| SIGNATURE (You must wait until you're in the presence of a ce | rtifying officer to sign this form.) |
|--|--|
| ratify any and all authorized transactions by my attorney-in | -fact. |
| Sign Here: (Signature of Grantor) | Kenneth W DILS |
| Home Address: 51923 MOUNTAIN VIEW ROAD SCA | PPOSE DC 91056 City) (State) (ZIP Code) |
| (Account Number, if applicable) | (Taxpayer Identification Number) |
| E-Mail Address: DOSTKENNETH & PROTON MAIL, LOM | 503-130-4994 (Daytime Telephone Number) |
| nstructions to Certifying Officer: 1. Name of the person(s) who appeared and date of appearance MUST: 2. Medallion stamps require an original signature. 3. Person(s) must sign in your presence. | be completed. |
| VELDETH WALLANDOST | , whose identity(ies) is/are known o |
| (Name[s] of Person[s] Who Appeared) | |
| | MAYCH, ZOLS (Month and Year) |
| oroven to me, personally appeared before me this day of | |
| oroven to me, personally appeared before me this ZZ day of | |
| oroven to me, personally appeared before me this ZZ day of the state o | and leux loan officer |
| oroven to me, personally appeared before me this ZZ day of the scar of the sca | or and Title of Certifying Officer) CREDIT UNION ame of Financial Institution) |
| day of the second state of | or and Title of Certifying Officer) CREDIT UNION ame of Financial Institution) |
| SCAPOSE OR 97056 , and signed this form. (City, State) ST MILES (No. 1200) WINDOWS WINDOWS HARDS HARDS (VZO) ANNIHOUS TWANDS TWANDS HARDS (VZO) ANNIHOUS TWANDS TWANDS HARDS (VZO) ANNIHOUS TWANDS TWANDS (VZO) ST WELENS | ore and Title of Certifying Officer) CREDIT UNION ame of Financial Institution) 537 (Address) |

USE OF FORM – Use this form to appoint and authorize an attorney-in-fact to conduct any and all authorized transactions regarding Treasury securities. These securities include, but are not necessarily limited to, Treasury bills, notes, bonds, and TIPS, and all series of United States Savings Bonds and Savings Notes. Authorized transactions include, but are not limited to, changes of payment information, collection of interest, redemptions, transfers, assignments, purchases by ACH (PayDirec*) or any other authorized payment method, reinvestments, and/or the completion of tax documents. (An attorney-in-fact may not reissue definitive savings bonds.)

IMPORTANT NOTICES

This form gives the individual or organization you name as attorney-in-fact broad powers to handle your securities and/or securities for which you are acting on the owner's or entitled party's behalf as fiduciary. If you have questions about these powers, you should seek professional legal advice before signing this form.

W. Aller

| For official use only: | |
|------------------------|-------------------|
| Customer Name | Customer No. |
| PD F 5188 E | OMB No. 1535-0069 |

PD F 5188 E Department of the Treasury Bureau of the Public Debt (Revised June 2012)

DURABLE POWER OF ATTORNEY FOR SECURITIES AND SAVINGS BONDS TRANSACTIONS

| IMPORTANT: Follow instructions in filling of statement to the United States is a crime that | at this form. You should be aware that the is punishable by fine and/or imprisonmen | e making of any false, fictitious, or fraudulent claim or lt. |
|--|---|---|
| | PRINT IN INK OR TYPE ALL INFORMA | TION |
| 1. APPOINTMENT | | |
| , KENN | VETH DOST | , hereby appoint |
| Kenneth- | William: Dost | as my attorney-in-fact. |
| 2. AUTHORITY | | |
| (Check as many boxes as you choose | | |
| attorney-in-fact named abo | ove to perform any and all trans | savings Bonds and Notes, I authorize my actions that Treasury regulations permit an to execute tax documents related to these asfers to the attorney-in-fact or to make gifts |
| B. I authorize my attorney-in discretionary, that I am a estate, guardianship, con- may later be, appointed as | servatorship, custodianship, or | e any powers and duties, whether or not securities belonging to any trust, probate other similar estate for which I am now, or |
| C. In addition to one or both of authorize my attorney-in-fafact. | of the above, I authorize my atto act to make transfers (either for | mey-in-fact to make gifts to others. I further consideration or as a gift) to the attorney-in- |
| Authorized transactions may incinterest, redemptions, transfers, payment method, or reinvestment expense that you may incur as a | assignments, purchases by | anges of payment information, collection of ACH (PayDirect®) or any other authorized Debt will not be liable for any loss, cost, of the attorney-in-fact appointed. |

3. TERM AND DURABILITY

This power is effective until it is revoked in writing. (See Item 3 in the instructions for revocation procedures.) This is a durable power of attorney that will not be affected by the grantor's subsequent disability or incapacity.

| . SIGNATURE | (You must wait until you're in the presence of a certifying officer to sign this form.) |
|-----------------------------------|--|
| ratify any and al | Il authorized transactions by my attorney-in-fact. |
| Sign Here: | Ky wul Dr Kennat H Dost (Print Name) |
| Home Address: | 51923 MOUNTAIN VIEW ROAD SCAPPOOSE OR 97056 (Number and Street, Rural Route, or P.O. Box) (City) (State) (ZIP Code) |
| | (Account Number, if applicable) (Taxpayer Identification Number) |
| E-Mail Address: | DostKenneth & PROTON MAIL. (om 503-730-4994 (Optional) (Daytime Telephone Number) |
| Medallion starr | ng Officer: erson(s) who appeared and date of appearance MUST be completed. hps require an original signature. et sign in your presence. |
| | NETH DOST , whose identity(ies) is/are known or (Name[s] of Person[s] Who Appeared) nally appeared before me this 22 day of WWRCH 2018 (Month and Year) |
| t scaploose | or , and signed this form. |
| | Signature and Title of Certifying Officer) |
| SIGNAT MEDAL | TURE QUARANTEED ST HOLENS CREDIT UN(ON (Name of Financial Institution) |
| Gregory | LION GUARANTEEDIMANNI PO BOX 537 RANGEDIT IN THE PO BOX 537 AUTHORIZED SIGNATURE D 90 10 77 8 |
| SEQUEITIES TRANS | City/State/ZIP Code) |
| | 503 397 Z37L (Telephone) |
| | INSTRUCTIONS |

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IMPORTANT NOTICES

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For official use only:

Customer Name

PD F 5188 E
Department of the Treasury
Bureau of the Public Debt
(Revised June 2012)

DURABLE POWER OF ATTORNEY FOR SECURITIES
AND SAVINGS BONDS TRANSACTIONS

IMPORTANT: Follow instructions in filling out this form: You should be aware that the making of any false fictilings or fraudulent claim as

| Bureau of the Public Debt (Revised June 2012) | AND SAVINGS BONDS TRANSACTION | |
|---|--|--|
| IMPORTANT: Follow instructi statement to the United States | ions in filling out this form. You should be aware that the making is a crime that is punishable by fine and/or imprisonment. | of any false, fictitious, or fraudulent claim or |
| | PRINT IN INK OR TYPE ALL INFORMATION | |
| 1. APPOINTMENT | | |
| ı,K1 | ENNETH WILLIAM DOST (Name of Grantor) | , hereby appoint |
| | enneth-William: Dost (Name of Attorney-in-Fact) | as my attorney-in-fact. |
| 2. AUTHORITY | (Name of Allomey-In-Pact) | |
| (Check as many boxes a | s you choose) | |
| attorney-in-fact attorney-in-fact | Treasury securities and United States Savings named above to perform any and all transactions to make. This authority includes the right to execute does not include the authority to make transfers to | that Treasury regulations permit an aute tax documents related to these |
| discretionary, the estate, guardian | attorney-in-fact named above to exercise any phat I am authorized to perform regarding securitinship, conservatorship, custodianship, or other simpointed as fiduciary. | es belonging to any trust, probate |
| C. In addition to or authorize my at fact. | ne or both of the above, I authorize my attorney-in- tomey-in-fact to make transfers (either for consider | fact to make gifts to others. I further ration or as a gift) to the attorney-in- |
| payment method, or n | ns may include, but are not limited to, changes of transfers, assignments, purchases by ACH (Pa einvestments. The Bureau of the Public Debt will incur as a result of transactions made by the attorn | I not be liable for any loss, cost or |

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| 4. SIGNATURE | (You must walt until you're in the presence of a certifying officer to sign this form.) |
|------------------------------------|--|
| I ratify any and all | authorized transactions by my attorney-in-fact. |
| Sign Here: | Konney Du Kenneth William Dost (Signature of Grantor) Kenneth William Dost |
| Home Address: 5 | S1928 MOUNTAIN VIGN ROAP SCAPPODSE OR 91506 (Number and Street, Rural Route, or P.O. Box) (City) (State) (ZIP Code) |
| | (Account Number, if applicable) (Taxpayer Identification Number) |
| E-Mail Address: D | OSTKENNETH & PROTON MAIL. COM SO3-130-4994 (Daytime Telephone Number) |
| Medallion stamps | |
| I certify thatKE | NPETH DOST , whose identity(ies) is/are known of |
| | (Name[s] of Person[s] Who Appeared) |
| proven to me, persona | ally appeared before me this 22 day of MARCH ZOLF (Month and Year) |
| at SCAPPOSE, | OR, and signed this form. |
| (Cit) | Jugor Royald Cut, Logn officer) |
| MEDALLIO ST. HELD | ON GUARANTEED ST HELENS CREDIT UNION ENS COMMUNITY (Name of Financial Institution) |
| Gugay 302A | Therrald War Po Box 537 (Address) |
| State of Made Sin Stein | AGENTS MEGALION PROGRAM ST HELEAS, OR 9705/ (City/State/ZIP Code) |
| Notary ordination is N | 97 georgraphics 503 397 2374 (Telephone) |

INSTRUCTIONS

USE OF FORM — Use this form to appoint and authorize an attorney-in-fact to conduct any and all authorized transaction regarding Treasury securities. These securities include, but are not necessarily limited to, Treasury bills, notes, bonds, an TIPS, and all series of United States Savings Bonds and Savings Notes. Authorized transactions include, but are no limited to, changes of payment information, collection of interest, redemptions, transfers, assignments, purchases by ACI (PayDirect*) or any other authorized payment method, reinvestments, and/or the completion of tax documents. (A attorney-in-fact may not reissue definitive savings bonds.)

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