

EXHIBIT 17

COUNTY FIRST BANK
22805 THREE NOTCH RD
CALIFORNIA, MD 20619

OWNERSHIP OF ACCOUNT - PERSONAL PURPOSE

- ☐ INDIVIDUAL ☐ _____
☐ JOINT - WITH SURVIVORSHIP (and not as tenants in common)
☐ JOINT - NO SURVIVORSHIP (as tenants in common)
☐ TRUST - SEPARATE AGREEMENT: _____

☐ REVOCABLE TRUST OR ☐ PAY-ON-DEATH
 DESIGNATION AS DEFINED IN THIS AGREEMENT
 Name and Address of Beneficiaries: _____

OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE

- ☐ SOLE PROPRIETORSHIP
☒ CORPORATION: ☒ FOR PROFIT ☐ NOT FOR PROFIT
☐ PARTNERSHIP
☐ _____

BUSINESS: _____
 COUNTY & STATE _____
 OF ORGANIZATION: _____
 AUTHORIZATION DATED: _____

DATE OPENED 06/15/09 BY LOWELLA SHERMAN
 INITIAL DEPOSIT \$ 50,291.00
☐ CASH ☐ CHECK ☒ NEW

HOME TELEPHONE # _____
 BUSINESS PHONE # (410) 268-0030
 DRIVER'S LICENSE # _____
 E-MAIL _____
 EMPLOYER _____
 MOTHER'S MAIDEN NAME _____
 Name and address of someone who will always know your location: _____

BACKUP WITHHOLDING CERTIFICATIONS

TIN: _____
☒ **TAXPAYER I.D. NUMBER** - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.

☒ **BACKUP WITHHOLDING** - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

☐ **EXEMPT RECIPIENTS** - I am an exempt recipient under the Internal Revenue Service Regulations.

SIGNATURE: I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

x Michael R White 6-15-09
 (Date)

ACCOUNT
NUMBER

CD 12 months

ACCOUNT OWNER(S) NAME & ADDRESS

COMPASS MARKETING, INC
39650 HIAWATHA CIRCLE
MECHANICSVILLE MD 20659

- ☒ NEW ☐ EXISTING
☐ CHECKING ☐ SAVINGS
☐ MONEY MARKET ☒ CERTIFICATE OF DEPOSIT
☐ NOW ☐ _____

This is your (check one):

☒ Permanent ☐ Temporary account agreement.

Number of signatures required for withdrawal 1

FACSIMILE SIGNATURE(S) ALLOWED? ☐ YES ☒ NO

[x] Michael R White

SIGNATURE(S) - The undersigned agree to the terms stated on every page of this form and acknowledge receipt of a completed copy. The undersigned further authorize the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following disclosure(s):

- ☒ Deposit Account ☐ Funds Availability ☒ Truth in Savings
☐ Electronic Fund Transfers ☒ Privacy ☐ Substitute Checks
☐ _____

(1): [x] Michael R White

MICHAEL R WHITE

I.D. # _____ D.O.B. 04/17/59

(2): [x] _____

I.D. # _____ D.O.B. _____

(3): [x] _____

I.D. # _____ D.O.B. _____

(4): [x] _____

I.D. # _____ D.O.B. _____

☐ Convenience Signer (Individual Accounts Only)

[x] _____

I.D. # _____ D.O.B. _____