



## RESOLUTION AMENDING AUTHORIZED REPRESENTATIVES

WHEREAS, WILLIAMSON COUNTY ATTN; DISTRICT ATTORNEY LOCATION 79198

(Participant Name & Location Number)

("Participant") is a local government of the State of Texas and is empowered to delegate to a public funds investment pool the authority to invest funds and to act as custodian of investments purchased with local investment funds; and

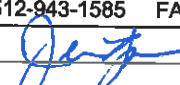
WHEREAS, it is in the best interest of the Participant to invest local funds in investments that provide for the preservation and safety of principal, liquidity, and yield consistent with the Public Funds Investment Act; and

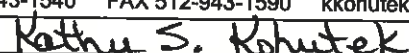
WHEREAS, the Texas Local Government Investment Pool ("TexPool/ Texpool *Prime*"), a public funds investment pool, were created on behalf of entities whose investment objective in order of priority are preservation and safety of principal, liquidity, and yield consistent with the Public Funds Investment Act.

NOW THEREFORE, be it resolved as follows:

- A. That the individuals, whose signatures appear in this Resolution, are Authorized Representatives of the Participant and are each hereby authorized to transmit funds for investment in TexPool / TexPool *Prime* and are each further authorized to withdraw funds from time to time, to issue letters of instruction, and to take all other actions deemed necessary or appropriate for the investment of local funds.
- B. That an Authorized Representative of the Participant may be deleted by a written instrument signed by two remaining Authorized Representatives provided that the deleted Authorized Representative (1) is assigned job duties that no longer require access to the Participant's TexPool / TexPool *Prime* account or (2) is no longer employed by the Participant; and
- C. That the Participant may by Amending Resolution signed by the Participant add an Authorized Representative provided the additional Authorized Representative is an officer, employee, or agent of the Participant;

List the Authorized Representatives of the Participant. Any new individuals will be issued personal identification numbers to transact business with TexPool Participant Services.

1. Name: JERRI L. JONES Title: TREASURER  
Phone/Fax/Email: 512-943-1585 FAX 512-943-1590 jjones@wilco.org  
Signature: 

2. Name: KATHY S. KOHUTEK Title: CHIEF DEPUTY TREASURER  
Phone/Fax/Email: 512-943-1540 FAX 512-943-1590 kkohutek@wilco.org  
Signature: 

ORIGINAL SIGNATURE AND DOCUMENT REQUIRED

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3. Name: SHARON E. SMITH Title: DEPUTY TREASURER FINANCE  
Phone/Fax/Email: 512-943-1589 FAX 512-943-1590 ssmith2@wilco.org  
Signature: *Sharon E. Smith*

4. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone/Fax/Email: \_\_\_\_\_  
Signature: \_\_\_\_\_

List the name of the Authorized Representative listed above that will have primary responsibility for performing transactions and receiving confirmations and monthly statements under the Participation Agreement.

Name KATHY S. KOHUTEK

In addition and at the option of the Participant, one additional Authorized Representative can be designated to perform only inquiry of selected information. This limited representative cannot perform transactions. If the Participant desires to designate a representative with inquiry rights only, complete the following information.

5. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone/Fax/Email: \_\_\_\_\_

D. That this Resolution and its authorization shall continue in full force and effect until amended or revoked by the Participant, and until TexPool Participant Services receives a copy of any such amendment or revocation. This Resolution is hereby introduced and adopted by the Participant at its regular/special meeting held on the \_\_\_\_\_ day \_\_\_\_\_, 20 \_\_\_\_.

**Document is to be signed by your Board President, Mayor or County Judge and attested by your Board Secretary, City Secretary or County Clerk.**

NAME OF PARTICIPANT: WILLIAMSON COUNTY ATTN: DISTRICT ATTORNEY

**SIGNED:** \_\_\_\_\_  
Signature  
DAN A. GATTIS  
Printed Name  
COUNTY JUDGE  
Title

**ATTEST:** \_\_\_\_\_  
Signature  
\_\_\_\_\_  
Printed Name  
\_\_\_\_\_  
Title

**This document supersedes all prior Authorized Representative designations.**

ORIGINAL SIGNATURE AND DOCUMENT REQUIRED

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TexPool Participant Services • Federated Investors Inc  
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