

Resolution Amending Authorized Representatives

Please complete this form to amend or designate Authorized Representatives. This document supersedes all prior Authorized Representative forms.

* Required Fields

I. K	esolution					
WHE	REAS,					
Willia	amson County Clerk				7 8 8 3 0	
Partici	pant Name*				Location Number*	
	ticipant ") is a local government of the est funds and to act as custodian of in					pool the authority
	REAS , it is in the best interest of the Papal, liquidity, and yield consistent with			ments that p	rovide for the preservation	on and safety of
behal	REAS, the Texas Local Government In f of entities whose investment objectiv he Public Funds Investment Act.	vestment Pool (" TexPool / ' ve in order of priority are pr	Texpool Pri reservation a	me "), a pub nd safety of	lic funds investment pool principal, liquidity, and y	, were created on ield consistent
NON	THEREFORE, be it resolved as follow	/s:				
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.					
В.	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;					
	ne Authorized Representative(s) of the ess with TexPool Participant Services.	Participant. Any new individ	duals will be	issued pers	onal identification numbe	ers to transact
1.	D. Scott Heselmeyer		Williamso	n County 7	reasurer	
	Name		Title			
	5 1 2 9 4 3 1 5 4 0	5 1 2 9 4 3 1	5 9 0	scott.hes	elmeyer@wilcotx.gov	
	Phone	Fax		Email		
	1 K) Mitt Wohn	2				
	Signature	0		HAT Y THE RESIDENCE AND ADDRESS OF THE PARTY		
2.	Carole Callahan		Chief Der	outy Treasi	ırer	r.
۷.	Name		Title			ARREST CONTROL OF CONTROL OF CONTROL C
	5 1 2 9 4 3 1 5 8 3	5 1 2 9 4 3 1	5 9 0	carole.ca	ıllahan@wilcotx.gov	
	Phone /	Fax		Email		
	Carali Calla	han				
	Signature					and the second s
3.	Nancy E. Rister		Williamso	n County (Clerk	
3.	Name	MANAGEMENT AND STORM AND STORM AND STORM AND STORM AND STORM AND AND STORM A	Title	ii obaniy c	The state of the s	META SECURITOR S
	5 1 2 9 4 3 1 5 4 9	5 1 2 9 4 3 5	2 8 6	nancv.ris	ter@wilcotx.gov	
	Phone	Fax		Email		
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	Signature				Montes and the outside it mouther it and harder of some make his pairs deviced along my pair as an account of a site of the si	министичнования

1. Resolution (continued)					
4. Shari Champion	Deputy County Clerk				
Name	Title				
5 1 2 9 4 3 1 2 2 0 5 1 2 9 4 3 1	6 1 6 shari.l.champions@wilcotx.gov				
Phone Fax	Email				
Mare (nampion					
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.					
Shari Champion					
Name					
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.					
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 1 6 day of September , 2 0 2 5 .					
Note: 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*					
SIGNED	ATTEST				
Signature*	ignature*				
Printed Name*	Printed Name*				
Title*	Title*				
2. Delivery Instructions					

Please return this document to TexPool Participant Services:

Email: texpool@dstsystems.com

Fax: 866-839-3291

TEX-REP

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* Required Fields

1. Resolution

WHEREAS,

Willia	amson County Clerk			7 8 8 3 0			
Partic	pant Name*	THE STATE OF THE S	Location Number*				
("Par to inv	ticipant ") is a local government of the State of Texas and is emp rest funds and to act as custodian of investments purchased with	powered to del n local investme	legate to a p ent funds; ar	ublic funds investment pool the authority d			
	REAS, it is in the best interest of the Participant to invest local fuipal, liquidity, and yield consistent with the Public Funds Investment		nents that pro	ovide for the preservation and safety of			
beha	REAS , the Texas Local Government Investment Pool (" TexPool / If of entities whose investment objective in order of priority are paths the Public Funds Investment Act.						
NOV	/ THEREFORE, be it resolved as follows:						
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C.	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 busin	ne Authorized Representative(s) of the Participant. Any new indivess with TexPool Participant Services.	viduals will be i	issued perso	nal identification numbers to transact			
1.	Melissa Valle	Deputy Tre	easurer				
	Name	Title					
	5 1 2 9 4 3 1 5 4 0		melissa.va	lle@wilcotx.gov			
	Phone Fax		Email				
	Melissa M. Valle	ENITSI GEORGE CONTROL	12820142641648485555555556555576855576857555555555				
	Signature						
2.	Melanie Jamison	Deputy Tre	easurer				
	Name	Title					
	5 1 2 9 4 3 1 5 4 0		melanie.ja	mison@wilcotx.gov			
	Phone Fax		Email				
	Signature Signature						
3.	Sharon Smith	Finance Tr	reasurer				
٥.	Name	Title	ndeedeessa 2009 ya C anadas oo ka a ddan ahaan oo canada ahaa ahaa ahaa ahaa ahaa ahaa ahaa				
	5 1 2 9 4 3 1 5 4 0 Phone	The state of the s	sharon.sm Email	ith@wilcotx.gov			
	Maron Amy K						
	Signature						

1. Resolution (continued)						
4.						
71 • Миниматериационные интеннивационные интеннивационнае интеннивационна	польности по польности по					
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. **Arole Callahan**						
Name						
n 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 nquiry rights only, complete the following information.						
Kelly Phillips	Deputy County Clerk					
Name	Title .					
5 1 2 9 4 3 1 1 4 0	kelly.phillips@wilcotx.gov					
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 of 2 0						
Note: Document is to be signed by your Board President, Mayor or County Judge and attested by your Board Secretary, City Secretary or County Clerk.						
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SIGNED	ATTEST					
Signature*	Signature*					
Printed Name*	Printed Name*					
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