

RESOLUTION AMENDING AUTHORIZED REPRESENTATIVES

WHEREAS, Williamson County Tax Assessor/Collector - 78394

(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 all 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	Deborah M. Hunt	Title	Tax Asse	essor/Collector
Signature	deborak Mi. Hund	Phone	Number	512-943-1601 EXT 7015

ORIGINALS REQUIRED

TEX - REP

2. Name	Larry Gaddes	Title	Chief De	puty Tax Assessor/Collector	
Signature	Saffille.	Phone	Number	512-943-1641	
3. Name	Cathy Atkinson	Title	Accounti	ng Manager	
Signature	Cgathi	Phone	Number	512-943-1544	
4. Name	Alma Russell	Title	Director	- Motor Vehicle	
Signature	Almai Russell	Phone	Number	512-943-1642	
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.					
-	Cathy Atkinson		ı w		
Email <u>c</u>	catkinson@wilco.org	Fax N	umber	512-943-1547	
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	Gretchen Doty	Title	Accountir	ng Specialist	
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					
NAME OF PARTICIPANT: Williamson County Tax Assessor/Collector					
BY: Signature Printed Name (011-1 y J.11y) Title ATTEST: Signature WANCY E. RISTER Printed Name Williamson County Clark					
	Title				

This document supersedes all prior Authorized Representative designations.

2. Name	Geoffrey S. Lawrence	Title	Director -	Property Tax
Signature	15, k	Phone	Number	512-943-1643
3. Name		Title		
Signature		Phone	Number	
4. Name		Title		
Signature		Phone	Number	
	e of the Authorized Representative listed above that will and receiving confirmations and monthly statements und			
Name (Cathy Atkinson			
Email c	catkinson@wilco.org	Fax N	umber	512-943-1547
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	Donna Hensley	Title	Accountin	ng Specialist
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				
NAME OF PARTICIPANT:				
	BY:			
	Signature			
DAN A. GATTIS				
	Printed Name			
	Title 79 79 4			
·				
ATTEST: Dancy E. Rister Signature				
NANCY E. RISTER				
Printed Name				
	Willjamson Count	40	ELK	

This document supersedes all prior Authorized Representative designations.

2. Name	Title				
Signature	Phone Number				
3. Name	Title				
Signature	Phone Number				
4. Name	Title				
Signature	Phone Number				
List the name of the Authorized Representative listed above that will transactions and receiving confirmations and monthly statements und					
Name Cathy Atkinson					
Email catkinson@wilco.org	Fax Number 512-943-1547				
In addition and at the option of the Participant, one additional Author perform only inquiry of selected information. This limited representative Participant desires to designate a representative with inquiry rights or	tive cannot perform transactions. If the				
5. Name Renee Maule	Title Accounting Specialist				
D. That this Resolution and its authorization shall continue in revoked by the Participant, and until TexPool Participant Services recrevocation. This Resolution is hereby introduced and adopted by the held on the	eives a copy of any such amendment or				
NAME OF PARTICIPANT: Williamson County Tax Assessor/C	Collector				
BY:	<u>5</u>				
Signature					
Printed Name					
Printed Name Country Judge Title ATTEST: Name E. Rinter					
Title					
Signature NANCY E. RISTER					
Printed Name					
Williamson Count	y Clerk				

This document supersedes all prior Authorized Representative designations.