

Resolution Amending Authorized Representatives

Please use this form to amend or designate Authorized Representatives.

This document supersedes all prior Authorized Representative forms.

* Required Fields

1. Resolution

WHEREAS,

Particip	Montague County	718008 Location Number*
("Partic	cicipant") is a local government of the State of Texas and is empowered to delegate to a public func o act as custodian of investments purchased with local investment funds; and	
WHER liquidit	REAS, it is in the best interest of the Participant to invest local funds in investments that provide fo ity, and yield consistent with the Public Funds Investment Act; and	r the preservation and safety of principal,
entities	REAS, the Texas Local Government Investment Pool ("TexPool/ Texpool Prime"), a public funds in s whose investment objective in order of priority are preservation and safety of principal, liquidity, tment Act.	vestment pool, were created on behalf of and yield consistent with the Public Funds
NOW	THEREFORE, be it resolved as follows:	
A.	That the individuals, whose signatures appear in this Resolution, are Authorized Representative authorized to transmit funds for investment in TexPool / TexPool Prime and are each further authorised to issue letters of instruction, and to take all other actions deemed necessary or appropriate for the same of the same	orized to withdraw funds from time to time.
В.	That an Authorized Representative of the Participant may be deleted by a written instrument signe provided that the deleted Authorized Representative (1) is assigned job duties that no longer require Prime account or (2) is no longer employed by the Participant; and	d by two remaining Authorized Representatives re access to the Participant's TexPool / TexPool
C.	That the Participant may by Amending Resolution signed by the Participant add an Authorized Representative is an officer, employee, or agent of the Participant;	epresentative provided the additional Authorized
List the	e Authorized Representative(s) of the Participant. Any new individuals will be issued personal ider ool Participant Services.	atification numbers to transact business with
1.	Jennifer Fenoglio Treasurer Name	
	94089431161 94089431110 - fe	noglipéco.montague.tx.us
	Signature Signature	
2.	Denise Rhoades Little	uty Treasurer
	9408942161 94089431110 dent	mies@co.montague.tx.us
	Signature Phrades	_
3.	B.J. Otto Deputy Cler	K Treasurer
	9408943110 Phone Fax Email Fax	otto@co.montague.tx.us
	Signature	

A. Jennifer ESSary Name Audifor Title Jessary Audifor Signature	1. Resolution (continued)	
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. Jenn fer fenod 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 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 2 3 day of Macch. 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. Mame of Participant Signature ATTRACT Signature	T 0	
Email 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. Jenufer Fenglio 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 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 Dial day of Machine Participant is to be signed by your Board President, Mayor or County Judge and attested by your Board Secretary, City Secretary or County Clerk. Mamane of Participant Signature ATTREET ATTREET Signature Signature		
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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 the participant or County Judge and attested by your Board Secretary, City Secretary or County Clerk. Mayor or County Judge and attested by your Board Secretary, City Secretary or County Clerk. Signature* ATTEST Signature*	This limited representative cannot perform transactions. If the Participant desires to designate a representative with inquiry rights only, complete the	
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Name of Participant Signed Signature* ATTEST Signature* Signature*	Participant Services receives a copy of any such amendment or revocation. This Resolution is hereby introduced and adopted by the Participan	nt
SIGNED Signature Signature Signature	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.	
Signature Signature Signature Signature	LMontague Countri	
Signature* Signature*	Name of Participant O	
NO: Horacino	SIGNED ATTEST DENDE HENSON	
RICK LEWIS & Glenda Henson	RO: ROS	
	RICK LEWIS & Glenda Henson	
Printed Name*	The state of the s	
COUNTY JUDGE BE Montague Co. Clerk		
Title*	Title*	

2. Mailing Instructions

The completed Resolution Amending Authorized Representatives can be faxed to TexPool Participant Services at 1-866-839-3291, and mailed to:

TexPool Participant Services 1001 Texas Avenue, Suite 1150 Houston, TX 77002

ORIGINAL SIGNATURE AND DOCUMENT REQUIRED

TEX-REP

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