

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

Participant Name*

WHEREAS.

City of Highland Haven - Resolution #302

7 7 2 1 2

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 Representative(s) of the Participant. Any new individuals will be issued personal identification numbers to transact business with TexPool Participant Services.

7.	Dana Turner
2.	Name
	Title
	830 265-4366 / 512 366-9721 / hhcitysecretary@yahoo.com
	Phone/Fax/Email
	Signature
	Olan Kelley
	Name
	Mayor
	Title
	830 265-4366 / 512 366-9721 / hhcity@tstar.net
	Phone/Fax/Email
	Signature

1. R	esolution (continued)		illustano al mass.
3.	Lonnie Ball		
٥.	Name		
	Mayor Pro Temp / Treasurer		
	Title		
	830 265-4366 / 512 366-9721 / hhcity@tstar.net		
	Phone/Fax/Email		
	Signature		
4	Betty Ward		
aq.	Name		
	Alderwoman		
	Title		
	830 265-4366 / 512 366-9721 / hhcity@tstar.net		
	Phone/Fax/Email		
	Signature		
	he name of the Authorized Representative listed above that will monthly statements under the Participation Agreement.	nave primary responsibility for performing transactions and	receiving confirmations
Da	na Turner		
Nam	e Idition and at the option of the Participant, one additional Author		
infor	mation. This limited representative cannot perform transactions. olete the following information.	If the Participant desires to designate a representative with	inquiry rights only,
Mana			
Nam			
Title			
lide			
Phon	e/Fax/Email		
L	. That this Resolution and its authorization shall continue in full Participant Services receives a copy of any such amendment at its regular/special meeting held on the <u>15th</u> day <u>Septemb</u>	or revocation. This Resolution is hereby introduced and add	
	: Document is to be signed by your Board President, Mayor	r or County Judge and attested by your Board Secretary	, City Secretary or
Cit	of Highland Haven		
Name	of Participant*		
SIGN	IED	ATTEST	
Signa	ture*	Signature*	
Ola	n Kelley	Dana Turner	
Printe	d Name*	Printed Name*	
Title*		Title*	
2. M	ailing Instructions		
The	completed Resolution Amending Authorized Representatives car	n be faxed to TexPool Participant Services at 1-866-839-329	11, or mailed to:
	ool Participant Services Texas Avenue, Suite 1400		
	ton, TX 77002		Const. Acquisition
ORIC	SINAL SIGNATURE AND DOCUMENT REQUIRED	TEX-REP	2 OF 2

TexPool Participant Services
1001 Texas Avenue, Suite 1400 - Houston, TX 77002

Phone: 1-866-TEXPOOL (839-7665) Fax: 1-866-839-3291 www.texpool.com

