

Resolution Amending Authorized Representatives

Please	use this form to amend or designate Au	ithorized Representatives.			
This do	cument supersedes all prior Authorized	i Representative forms.			
* Requi	red Fields				
1. Res	olution				
WHERE	AS,				
City o	f Carroliton				
	nt Name*			Location Number*	alle delle met America
and to a	pant") is a local government of the State of act as custodian of investments purchased	with local investment funds;	and		
WHERE liquidity.	EAS, it is in the best interest of the Particip and yield consistent with the Public Fund	ant to invest local funds in inv s Investment Act; and	estments that	provide for the preservation and safe	ty of principal,
WHERE entities Investm	EAS, the Texas Local Government Investme whose investment objective in order of pri ent Act.	nent Pool ("TexPool/ Texpool F ority are preservation and saf	Prime"), a publi lety of principal	ic funds investment pool, were create I, liquidity, and yield consistent with th	d on behalf of e Public Funds
	HEREFORE, be it resolved as follows:				
	That the individuals, whose signatures ap authorized to transmit funds for investmer to issue letters of instruction, and to take a	nt in TexPool / TexPool Prime all other actions deemed nece	and are each fessary or appro	further authorized to withdraw funds fr opriate for the investment of local fund	om time to time, is
	That an Authorized Representative of the F provided that the deleted Authorized Repre Prime account or (2) is no longer employed	esentative (1) is assigned job of d by the Participant; and	duties that no lo	onger require access to the Participant	s fexPool/ lexPool
	That the Participant may by Amending Re Representative is an officer, employee, or	agent of the Participant;			
	Authorized Representative(s) of the Particle Par	ipant. Any new individuals wi	ill be issued pe	rsonal identification numbers to trans	act business with
1.	Robert B. Scott		Assistant C	City Manager / CFO	
	9 7 2 4 6 6 3 1 0 3 Phone	9 7 2 4 6 6 3 Fax	4 3 5	bob.scott@cityofcarrollton.co	om
	Signature				
2.	Claudia Gallegos		City Treas	urer	
	Name 9 7 2 4 6 6 5 7 4 0 Phone	9 7 2 4 6 6 3		claudia gallegos@cityofcarr	ollton.com
	Signature		***		
3.	Melissa Everett		Senior Bud	dget and Management Analys	<u> </u>
	9 7 2 4 6 6 3 5 2 6 Phone	9 7 2 4 6 6 3 Fax	5 3 5	melissa everett@cityofcarro	illton.com
	1. ur				

Signature

1. Resolution (continued)					
4. Dustin Reuber	Accounting Analyst				
Name 9 7 2 4 6 6 3 4 9 4 9 7 2 4 6 Phone	6 3 5 3 5 dustin.reuber@cityofcarrollton.com				
Signature	L(110)				
•	ave primary responsibility for performing transactions and receiving confirmatio				
Name					
	Representative can be designated to perform only inquiry of selected information to designate a representative with inquify rights only complete the				
Name	Title				
Phone Fax	Email				
	force and effect until amended or revoked by the Participant, and until TexPool or revocation. This Resolution is hereby introduced and adopted by the Particip $\begin{vmatrix} 1 & 1 & 1 \\ 1 & 1 & 1 \end{vmatrix}$ 2 $\begin{vmatrix} 1 & 1 & 1 \\ 1 & 1 & 1 \end{vmatrix}$				
Note: Document is to be signed by your Board President, Mayor o or County Clerk.	or County Judge and attested by your Board Secretary, City Secretary				
City of Carrollton					
Name of Participant*					
SIGNED ATTEST					
Signature*	Signature*				
Kevin W. Falconer	Laurie Wilson				
Printed Name*	Printed Name*				
Mayor !	City Secretary				
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

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