

RESOLUTION AMENDING

Resol #063

AUTHORIZED REPRESENTATIVES

		W. AOE OE OA	ADO 70754				
WI	HEREAS,	VILLAGE OF SAL	.ADO, 78754 		. <u> </u>		
			Participant Name & Location			14. 6. 1	
•	_	overnment of the Stat					
investment	pool the authori	ity to invest funds an	d to act as custodian	of investme	ents purchased w	ith local	
investment	funds; and						
Wł	EREAS, it is it	n the best interest of	the Participant to inv	est local fu	nds in investmen	ts that provide	
for the pres	ervation and saf	fety of principal, liqu	idity, and yield consi	istent with	the Public Funds	Investment Act;	
and							
WH	IEREAS, the Te	exas Local Governme	ent Investment Pool (("TexPool/	Texpool Prime"	, a public funds	
investment	pool, were creat	ted on behalf of entit	ies whose investmen	t objective	in order of priori	ty are	
preservation	and safety of p	orincipal, liquidity, a	nd yield consistent w	ith the Pub	lic Funds Investr	nent Act.	
NO	W THEREFOR	E, be it resolved as t	follows:				
Α.	A. That the individuals, whose signatures appear in this Resolution, are Authorized Representatives						
	the Participant and are each hereby authorized to transmit funds for investment in TexPool / TexPool						
	Prime and are e	each further authorize	ed to withdraw funds	from time	to time, to issue	letters of	
	instruction, and	to take all other acti	ons deemed necessar	y or approp	priate for the inve	stment of local	
	funds.						
B.	That an Authori	y be deleted	d by a written ins	trument signed			
	by all remaining Authorized Representatives provided that the deleted Authorized Representat						
	is assigned job	duties that no longer	require access to the	Participant	t's TexPool / Tex	Pool Prime	
	account or (2) is	s no longer employed	d by the Participant; a	and			
C .	C. That the Participant may by Amending Resolution signed by the Participant add an Authorized						
	Representative	provided the addition	nal Authorized Repre	sentative is	s an officer, empl	oyee, or agent	
(of the Participar	nt;					
		entatives of the Partic s with TexPool Partic		viduals will	be issued person	al identification	
. Name	Stephen J, F	Peters		Title Inv	estment Offic	er	
Signature		Then Dates			mber (254) 94	7-0115	
ORIGINALS	S REQUIRED	The second	ele Fee	Perted	Investors I	nc. TEX – REP	
	-	TexPool Part Fravis St.; Suite 7200 • Hou	icipant Services • Lehman B	nothers	,		
	- 000 -1	rravis or, oute 1200 • Hou	swii, 1.λ. / /002 ● <u>\</u> <u></u>	<u> 1-80</u>	0-037-1003		

1001 Texas Ave Suite 1400

2. Name	Merie Stalcup	\sim	Title	Mayor					
Signature	Melle	The Col	Phone	Number	(254) 947-5060				
3. Name	Michael Cooper		Title	Mayor F	Pro-Tem				
Signature.			Phone	Number	(254) 947-8177				
4. Name			Title						
Signature			Phone	Number					
List the nam transactions	e of the Authorized R and receiving confirm	epresentative listed above that ations and monthly statements	will have prunder the I	rimary res Participation	ponsibility for performing on Agreement.				
Name	Merle Stalcup				(0 = 1) 0 1 = = = 0.04				
Email I	mstalcup@vvm.co	m	Fax N	Fax Number (254) 947-5061					
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			Title	· ,					
revoked by trevocation.	he Participant, and un This Resolution is here	d its authorization shall continuitil TexPool Participant Service by introduced and adopted by	s receives a	copy of a	ny such amendment or				
NAME O	F PARTICIPANT:		^ -						
	ву: _	Signature Merle Stalcup	faley	9					
	_	Printed Name							
	4	Mayor							
	ATTEST:	Title Signature Dianna Zulauf	land						
	\	Printed Name /illage Secretary							
		Title							

This document supersedes all prior Authorized Representative designations.