

Resolution Amending Authorized Representatives

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use this form to amend or designate Authorized Representatives. cument supersedes all prior Authorized Representative forms. red Fields	NOV 27 2018 JENNIFER LINDENZWEIG By Sund Country
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WHEREAS,

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HUNT COUNTY Participant Name*

("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.

1.	Delores Shelton Hunt	County Treasurer
	Name 9 0 3 4 0 8 4 1 7 1 9 0 3 4 0 8 4 2 8	5 hctreasurer@huntcounty.net
	Phone Fax	Email
	Signature	
2.		stant Auditor
	Name Title	
	9 0 3 4 0 8 4 1 2 1 9 0 3 4 0 8 4 2 8	0 bturner@huntcounty.net
	Phone Bruttni Jurner Signature	Email
3.	Name Title	
	Phone Fax	Email
	Signature	

I. Re	solution (continued)			
4.				
	Name	т	tie	
	Phone	Fax	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.

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.

Tammi Byrd	Hunt County Auditor
Name	Title
9 0 3 4 0 8 4 1 2 2	9 0 3 4 0 8 4 2 8 0 tbyrd@huntcounty.net
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 2 7 day of November.

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.

HUNT COUNTY	MATY A	TUNN
Name of Participant*	III O	"IL
SIGNED .	ATTEST	14
Jun Xatha	Samper Lodenzen	PVE
Signature	Signature*	
Jim Latham	Jennifer Lindenzweig	103
Printed Name*	Printed Name*	R
County Judge Pro-Tem	Hunt County Clerk	Rinne
Title*	Title*	111000

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 1400 Houston, TX 77002

ORIGINAL SIGNATURE AND DOCUMENT REQUIRED

TEX-REP

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



ADDITION/DELETION FORM FOR AUTHORIZED REPRESENTATIVES

PARTICIPANT NAME: HUNT COUNTY	EFFECT	IVE DATE: 11/27/2018
ART I: DELETIONS - Please enter the Aut	thorized Representa	atives to be <u>deleted</u> .
John L. Horn	3	
	Inquiry: Jimm	y P. Hamilton
ART II: ADDITIONS - Please enter the Aut	thorized Representa	atives to be <u>added</u> .
		r@huntcounty.net
Signature: Brittni Winer	903-40 Phone:	8-4121 Asst. Auditor
Name:	Email:	
Signature:	Phone:	Title:
Name:	Email:	
Signature:	Phone:	Title:
Authorize the deletions and additions of t	the individuals abov	
authorize the deletions and additions of t	the individuals abov	ve.
Authorize the deletions and additions of the Name: Name: Signature: Title: County Judge Pro-Tem	the individuals abov	Ve. Official Seal of Participant *(REQUIRED)*
Authorize the deletions and additions of the Name: Name: Signature: Title: County Judge Pro-Tem	the individuals abov	Ve. Official Seal of Participant *(REQUIRED)*
Name: Jim Latham Name:	the individuals abov	Ve. Official Seal of Participant *(REQUIRED)*
Authorize the deletions and additions of to Name:	the individuals abov	Ve. Official Seal of Participant
Authorize the deletions and additions of to Name:	the individuals abov	Ve. Official Seal of Participant *(REQUIRED)*
Authorize the deletions and additions of the Name:	the individuals abov	Ve. Official Seal of Participant *(REQUIRED)*
Authorize the deletions and additions of to Name:	the individuals abov	Preventer Preven
Title: Coupy Judge Pro-Tem Name:	the individuals abov	Official Seal of Participant *(REQUIRED)*

TexSTAR

Mail originals to TexSTAR Participant Services * 1201 Elm Street, Suite 3500 * Dallas, Texas 75270

ADDITION/DELETION FORM FOR AUTHORIZED REPRESENTATIVES

PART IV: PRIMARY CONTACT [required] - If the Primary Contact on file with TexSTAR was deleted in Part I of this form, please provide the name of the Authorized Representative that will be the Primary Contact. The Primary Contact is the individual who will receive the daily transaction confirmations, monthly statements, monthly newsletter, TexSTAR updates and other program mailings.

TexSTA

Name:

Email Address:

Phone Number:

PART V: INQUIRY ONLY [optional] - If an Inquiry Only Representative was deleted in Part I and you wish to replace this representative or add an inquiry only representative to your TexSTAR account for the first time, please list this individual below. This limited representative cannot make deposits or withdrawals or sign Bank Information Sheets.

Tammi Byrd Name:	Hunt County Auditor
Signature: Terminic L Byrd	Phone:
	Email: tbyrd@huntcounty.net

If you have any questions regarding this form or the Authorized Representatives currently on file with TexSTAR for your entity, please contact TexSTAR Participant Services at 1-800-839-7827.

ADDITION/DELETION FORM FOR AUTHORIZED REPRESENTATIVES

ARTICIPANT NAME: HUNT COUNTY	
ART I: DELETIONS - Please enter the Author	rized Representatives to be <u>deleted</u>
John L. Horn	3
	Inquiry: Jimmy P. Hamilton
ART II: ADDITIONS - Please enter the Author	
	Email: bturner@huntcounty.net
Signature: Bruthi Jurner	Phone: 903-408-4121 Title: Asst. Auditor
Name:	Email:
Signature:	Phone: Title:
Name:	Email:
Signature:	Phone: Title:
	Official Seal of Participant
Signature Im Att has	Official Seal of Participant
Signature: Jun Atthe Title: County Judge Pro-Tem	*(REQUIRED)*
Signature:	*(REQUIRED)*
Signature: Jun Atthe Title: County Judge Pro-Tem	*(REQUIRED)*
Signature:	*(REQUIRED)*
Signature:	*(REQUIRED)*
Signature:	(REQUIRED)*
Signature:	*(REQUIRED)*
Signature:	(REQUIRED)*

LOGÎC

<u>Document with original signatures is required</u>. Mail originals to LOGIC Participant Services * 1201 Elm Street, Suite 3500 * Dallas, Texas 75270

LOGIC

ADDITION/DELETION FORM FOR AUTHORIZED REPRESENTATIVES

PART IV: PRIMARY CONTACT [required] - If the Primary Contact on file with LOGIC was deleted in Part I of this form, please provide the name of the Authorized Representative that will be the Primary Contact. The Primary Contact is the individual who will receive the daily transaction confirmations, monthly statements, monthly newsletter, LOGIC updates and other program mailings.

Name:

Email Address:

Phone Number:

PART V: INQUIRY ONLY [optional] - If an Inquiry Only Representative was deleted in Part I and you wish to replace this representative or add an inquiry only representative to your LOGIC account for the first time, please list this individual below. This limited representative cannot make deposits or withdrawals or sign Bank Information Sheets.

nty Auditor
08-4122
huntcounty.net

If you have any questions regarding this form or the Authorized Representatives currently on file with LOGIC for your entity, please contact LOGIC Participant Services at 1-800-895-6442.