



SECRETARY'S CERTIFICATE REGARDING CORPORATE RESOLUTIONS (PROFIT OR NONPROFIT)

Account #: 938035573

Advisor Code: WIH

Case #: _____

Agreement

I hereby certify that I am the Secretary of ECTOR COUNTY ISD; a corporation duly organized and existing under the laws of the State/Province of Texas, and that the following is a true copy of a resolution duly adopted by the board of directors of said corporation at a meeting held the 24th day of September, 2019, at which meeting a quorum was present and acting throughout, or by unanimous consent of the board of directors dated as of the _____ day of _____, and that such resolution has not been rescinded or modified and is in full force and effect:

RESOLVED, that the President, Vice President, and the Treasurer of this corporation, or any one of such officers, are hereby fully authorized and empowered to open a brokerage account, transfer, endorse, sell, assign, set over, and deliver any and all shares of stocks, bonds, debentures, notes, evidences of indebtedness, or other securities (including short sales) now or hereafter standing in the name of or owned by this corporation, to purchase stocks, bonds, debentures, notes, evidences of indebtedness, and other securities (on margin or otherwise), and to make, execute, and deliver, under the corporate seal of this corporation, any and all written instruments necessary or proper to effectuate the authority hereby conferred.

Investments Permitted

The undersigned agree to the entering of purchases and sales of securities as well as all other transactions in the following types of accounts:

- Options: [x] Cash [] Margin [] Writing Covered [] Creating Spreads [] Purchasing Long [] Writing Uncovered

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person authorized to trade on an account.

What this means for you: When you are authorized to trade on an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also utilize a third-party information provider for verification purposes and/or ask for a copy of your driver's license or other identifying documents.

I further certify that the authority hereby conferred is consistent with the charter or by-laws of this corporation. Unless indicated below that I am a sole officer, the following is a true and correct list of the officers of this corporation as of the present date and a record of the officers' signatures:

[] I am the sole officer.

If you are changing the beneficial owner or control person for this entity, please complete the Beneficial Owner/Control Person Entity Update Form.

PRINT INFORMATION

Form with fields for Officer/Manager/Partner/Authorized Agent: First Name (Arthur), Middle Initial, Last Name (Martin), Street Address (802 N. Sam Houston), City (Odessa), State (Texas), ZIP Code (79761), Social Security Number, Date of Birth, Phone Number (462-456-9499), Employment status (Employed), Employer Name (Ector County Independent School District), Occupation (A42), Industry of Occupation (E11), Employer Street Address (802 N. Sam Houston), City (Odessa), State (Texas), ZIP Code (79761).



Employer Street Address: 802 N. Sam Houston		
City: Odessa	State: Texas	ZIP Code: 79761
Check here if you are a: <input checked="" type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Not a U.S. Citizen		Country of Citizenship (For non-U.S. Citizens and Permanent Residents):
Country of Dual or Secondary Citizenship (if applicable):		Country of Birth (For non-U.S. Citizens and Permanent Residents):
Non-U.S. citizens: Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify visa type: _____ Visa Number: _____ Expiration: _____ <i>(Nonresident aliens must submit Form W-8BEN and a copy of a current passport. If a U.S. address is listed, then attach a signed "Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to Form W-8" [Form TDAI 835].)</i>		
<input type="checkbox"/> Check here if you or your spouse, any member of your immediate family, including parents, in-laws, siblings, and dependents, is a member of the board of directors, 10% shareholder, or policy-making officer of a publicly traded company. Specify the company name, address, city, and state: _____ <input type="checkbox"/> Check here if you or your spouse, any member of your immediate family, including parents, in-laws, siblings, and dependents is licensed, employed by, or associated with, a broker-dealer firm, a financial services regulator, securities exchange, or member of a securities exchange. If checked, please specify entity below, and provide a copy of the required authorization letter. _____		
X Signature: <u>Alberto Chelido</u>		Date: <u>9-5-19</u>

D. TRUSTED CONTACT (Optional)

By completing this section, you authorize TD Ameritrade to contact the person(s) named below for the following reasons: if there are questions or concerns about my whereabouts or health status; if TD Ameritrade suspects that I may be a victim of fraud or financial exploitation; if TD Ameritrade suspects that I might no longer be able to handle my financial affairs; to confirm the identity of any legal guardian, executor, trustee, authorized trader, or holder of a power of attorney; or if TD Ameritrade has any other concerns or is unable to contact me about my account(s) held at TD Ameritrade. Please review the Client Agreement for the full terms and conditions regarding how TD Ameritrade uses this information.

NOTE: Your Trusted Contact must be someone other than an account owner and cannot be the Investment Advisor. You may provide more than two Trusted Contact Persons by completing and signing additional Trusted Contact Authorization Forms.

First Name:	Middle Initial:	Last Name:
Relationship:		
Primary Telephone Number:	Email Address:	
Mailing Address:		
City:	State:	ZIP Code:
First Name:	Middle Initial:	Last Name:
Relationship:		
Primary Telephone Number:	Email Address:	
Mailing Address:		
City:	State:	ZIP Code:

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of said corporation this _____ day of _____, _____.

Secretary's Signature (or sole officer): _____	Date: _____
Printed Name of Secretary:	

[PLACE YOUR CORPORATE SEAL HERE]

Mailing Address:
 TD Ameritrade Institutional
 PO BOX 650567
 Dallas, TX 75265-0567

TDAI 9303 REV. 11/18

Investment Products: Not FDIC Insured • No Bank Guarantee • May Lose Value

Occupation Codes

A42 Accountant/Auditor/Bookkeeper	C82 Compliance/Regulatory Professional	N21 Nurse
A62 Adjuster	C92 Consultant	O11 Office Associate
A82 Advertiser/Marketer/PR Professional	C43 Counselor/Therapist	O21 Other; If Other, include a description in the Occupation box.
A33 Air Traffic Controller	C53 Customer Service Representative	P81 Pharmacist
A43 Ambassador/Consulate Professional	D11 Dealer	P91 Physical Therapist
A53 Analyst	D61 Dentist	P22 Pilot
A63 Appraiser	D31 Distributor	P32 Police Officer/Firefighter/Law Enforcement Professional
A73 Architect/Designer	D41 Doctor/Surgeon/Physician	P42 Politician
A83 Artist/Performer/Actor/Dancer	D51 Driver	P52 Project Manager
A93 Assistant/Executive Assistant	E51 Engineer	R81 Real Estate Professional
A44 Athlete	E71 Exterminator	R71 Researcher
A64 Attorney/Judge/Legal Professional	F71 Factory/Warehouse Worker	S41 Salesperson
A74 Auctioneer	F81 Farmer/Rancher	S51 Scientist
L51 Banker/Lending Professional	F91 Financial Planner/Advisor	S61 Seamstress/Tailor
B21 Barber/Beautician/Hairstylist	F22 Flight Attendant	S71 Security Guard
B31 Broker/Registered Rep	F32 Human Resources Professional	S81 Social Worker
B41 Business Executive (VP, Director, etc.)	I41 Importer/Exporter	T41 Teacher/Professor
B51 Business Owner	I51 Inspector/Investigator	T51 Technician
C81 Caregiver	I81 Investor	T61 Teller
C91 Carpenter/Construction Worker/Contractor	I91 IT Professional/IT Associate	T71 Tradesperson/Craftsperson
C22 Cashier	J31 Janitor	T81 Trainer/Instructor
C32 Chef/Cook	J41 Jeweler	U21 Underwriter
C42 Chiropractor	L31 Laborer	V11 Veterinarian
C52 Civil Servant	L41 Landscaper	W21 Writer/Journalist/Editor
C62 Clergy	M91 Mechanic	
C72 Clerk	M22 Military, Officer or Associated	
	M32 Mortician/Funeral Director	

Industry of Occupation Codes

A11 Accounting	F11 Fashion/Clothing	O31 Other; If Other, include a description in the Industry of Occupation box
A21 Advertising/Marketing	F21 Financial Services	P11 Parking and Car Washes
A31 Aerospace/Defense	F51 Firearms and Explosives	P21 Pawn Shops/Brokers
A41 Agriculture/Forestry	G11 Gaming/Casino/Card Club	P31 Personal Care/Hygiene (Beauty, Salon, Cosmetics, Massage, etc.)
A51 Amusement and Recreation	G21 Government/Public Administration	P41 Pharmaceuticals
A61 Animal Services and Veterinary	G31 Grocery/Supermarket	P51 Printing/Publishing
A71 Architecture/Design	H11 Healthcare/Medical Services	P71 Professional/Civic Organizations (Non-Retail)
A81 Arts/Antiques	H21 Hotel/Hospitality	R11 Real Estate
A91 Athletics/Fitness	I11 Import/Export	R21 Religious Organization
A32 Automotive	I21 Information Technology (IT)	R31 Repair Services - Home, Auto, and Other
B11 Aviation	I31 Insurance	R41 Restaurant/Food Service
C11 Bar/Nightclub/Adult Entertainment Club	J11 Jewelry, Gems, and Precious Metals	R51 Retail Sales/Retail Trade
C21 Childcare	L11 Legal Services/Public Safety	S11 Science and Biotechnology
C31 Cleaning/Janitorial/Housekeeping	L21 Logistics/Supply Chain	S21 Security
C41 Communications/Telecommunications	M11 Manufacturing	T11 Transportation
C51 Construction/Carpentry/Landscaping	M21 Maritime	T31 Travel
C61 Convenience Store/Liquor Store/Gas Station	M31 Media/Entertainment	U11 Utilities (Public)
C71 Customer Service and Support	M41 Mining, Oil, and Gas	W11 Wholesale Sales/Trade
E11 Education	M51 Money Services Businesses (Check Cashing, Money Transmitting, Payday Loans, Currency Exchange)	
E21 Embassy/Consulate	N11 Non-Profit/NGO (Non-Government Agency)/Charity	
E31 Energy		
E41 Engineering		

Albessa Chavez

Director of Finance

(432) 456.9701

P.O. Box 3912 Odessa, TX 79760

albessa.chavez@ectorcounttyisd.org



To: TD Ameritrade Institutional
Subject: Change in Officer/Authorized Agent
Date: September 5th, 2019

Please remove David Harwell from our Ector County ISD account# 938035573. Arthur (Art) Martin needs to be added to same account.

Contact me at the phone above if you have questions.

Thank you,

A handwritten signature in cursive script that reads "Albessa Chavez".

Albessa Chavez
Director of Finance.

educate

connect

inspire

succeed

dream