RESOLUTION AUTHORIZING INDIVIDUALS TO ACT ON BEHALF OF PLAN

WHEREAS, Albert Lea ISD #241 Public Schools (hereinafter, the "Employer") established Albert Lea ISD #241 Public Schools 403(b) Plan for the benefit of its employees and their beneficiaries;

WHEREAS, Employer is establishing or has established a Custodial account for which VALIC Trust Company Inc. serves as Custodian; and

WHEREAS, the Employer desires to authorize individuals holding certain positions with the Employer to act on behalf of the Plan;

NOW, THEREFORE, BE IT RESOLVED that the fullest authority has been invested in any individual (each an "Incumbent") holding a position identified below according to the title of the position (each a "Designated Position") for the duration of the period (the "Incumbency Period") in which such Incumbent holds the Designated Position; that each Incumbent is empowered during his or her Incumbency Period to execute any documents that VALIC Trust Company Inc. requires relevant to the opening or maintaining of an account for the Plan; and that each Incumbent is empowered during his or her Incumbency Period to take any and all action deemed by any Incumbent to be proper in connection with said account, including, but not limited to, being empowered to give written instructions to VALIC Trust Company Inc. with respect to account transactions.

SUPERINTENDENT	CONTROLLER
Designated Position	Designated Position
DR. STEVEN HEIL	KALEY GRISIM
Current Incumbent Name (Print)	Current Incumbent Name (Print)
	Kaley Grisim
Current Incumbent Signature	Current Incumbent Signature
Designated Position	Designated Position
Current Incumbent Name (Print)	Current Incumbent Name (Print)
Current Incumbent Signature	Current Incumbent Signature

BE IT FURTHER RESOLVED that the responsibility and authority to take whatever actions and to execute whatever instruments that may be necessary or convenient for the day-to-day transactions and plan operations is granted to the person or persons in the positions identified below:

SUPERINTENDENT	CONTROLLER
Designated Position	Designated Position
DR. STEVEN HEIL	KALEY GRISIM
Current Incumbent Name (Print)	Current Incumbent Name (Print)
	Kaley Grisim
Current Incumbent Signature	Current Incumbent Signature
Designated Position	Designated Position
Current Incumbent Name (Print)	Current Incumbent Name (Print)
Current Incumbent Signature	Current Incumbent Signature

I, _____, do hereby certify that the above and foregoing was unanimously adopted by the Board of Albert Lea ISD #241 Public Schools at their meeting held at Albert Lea, Minnesota on the _____day of _____ in the year ___.

_____
Signature

ATTEST:

_____
Witness