

Signature:

ORIGINAL SIGNATURE AND DOCUMENT REQUIRED

RESOLUTION AMENDING AUTHORIZED REPRESENTATIVES

WH	HEREAS, Rosebud-Lott ISD 000077441			
	(Participant Name & Location	Number)		
("Participan	nt") is a local government of the State of Texas and is emp	owered	to delegate to a public funds	
investment p	pool the authority to invest funds and to act as custodian of	of inves	tments purchased with local	
investment f	funds; and			
WH	HEREAS, it is in the best interest of the Participant to inve	st local	funds in investments that provide for	
the preserva	ation and safety of principal, liquidity, and yield consisten	t with t	he Public Funds Investment Act; and	
WH	HEREAS, the Texas Local Government Investment Pool ("TexPo	ol/ Texpool Prime"), a public funds	
investment j	pool, were created on behalf of entities whose investment	objecti	ve in order of priority are	
preservation	n and safety of principal, liquidity, and yield consistent wi	th the F	Public Funds Investment Act.	
NO	OW 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	y or ap	propriate for the investment of local	
	funds.			
В.	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;			
	thorized Representatives of the Participant. Any new indiversals transact business with TexPool Participant Services.	viduals	will be issued personal identification	
1. Name:	Anthony Price	Title:	Superintendent	
	x/Email: 254.583.4510/254.583.4469/aprice@rlisd.org gnature:			
	Carol Pruitt	Title:	Business Manager/Grant Coordiantor	
Phone/Fax	x/Email: 254.583.7967/254.583.2602/cpruitt@rlisd.org			

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3. Name: Sonja Holtzclaw	Title: Assistant Business Manager
Phone/Fax/Email: 254.583.4911/2	254.583.2602/s
Signature:	
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4. Name:	Title:
Signature:	
List the name of the Authorized R transactions and receiving confirm	depresentative listed above that will have primary responsibility for performing nations and monthly statements under the Participation Agreement.
Name Carol Pruitt	
perform only inquiry of selected i	e Participant, one additional Authorized Representative can be designated to information. This limited representative cannot perform transactions. If the representative with inquiry rights only, complete the following information.
5. Name:	Title:
Phone/Fax/Email:	
	by your Board President, Mayor or County Judge and pard Secretary, City Secretary or County Clerk.
SIGNED:	
	Signature
	Dr. Marlene Zipperlen
	Printed Name
	Board President
	Title
ATTEST:	
	Signature
	Henry Bravo
	Printed Name
	Board Secretary
	Title

This document supersedes all prior Authorized Representative designations.