D Ameritrade	SECRETARY'S CERTIFICATE REGARDING CORPORATE RESOLUTIONS (PROFIT OR NONPROFIT)
	Account #: <u>938035573</u>
	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 St	ate/Province of <u>Texas</u> , and that the following is
a true copy of a resolution duly adopted by the board of	of directors of said corporation at a meeting held theday of
July,2020, at which meetin	g a quorum was present and acting throughout, or by unanimous consent of the
board of directors dated as of the $\frac{2}{Day}$ day of Jul	Ig a quorum was present and acting throughout, or by unanimous consent of the $\frac{y}{Month}$ , $\frac{2020}{Year}$ , and that such resolution has not been
rescinded or modified and is in full force and effect:	
authorized and empowered to open a brokerag stocks, bonds, debentures, notes, evidences o in the name of or owned by this corporation, to	t, and the Treasurer of this corporation, or any one of such officers, are hereby fully te account, transfer, endorse, sell, assign, set over, and deliver any and all shares of f indebtedness, or other securities (including short sales) now or hereafter standing purchase stocks, bonds, debentures, notes, evidences of indebtedness, and other ake, execute, and deliver, under the corporate seal of this corporation, any and all fectuate the authority hereby conferred.
Investments Permitted	sales of securities as well as all other transactions in the following types of accounts:
☐ Cash ☐ Margin Options:	□ Writing Covered □ Creating Spreads

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.

□ Writing Uncovered

□ Purchasing Long

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:

 $\Box$  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

A. OFFICER/MANAGER/PARTNER/AUTHORIZED AGENT						
First Name:	Middle Inital:		Last Name:			
Deborah			Ottmers			
Street Address:						
802 N. Sam Houston						
City:		State:		ZIP Code:		
Odessa	<u> </u>	exas		79761		
Social Security Number:		Date of Birth:		Phone Number:		
				462-456-9499		
Please specify if you are:		_	_			
Employed  Self-employed  Unemployed  Retired  Homemaker  Student						
Employer Name (If self-employed, please provide the name of your business):						
Ector County Independent School District						
Please choose the occupation and industry of occupation code that most accurately describes your situation, from the list provided on page 4.						
Occupation: A42 Industry of Occupation: E11						
Employer Street Address:						
802 N. Sam Houston						
City:	SI	ate:		ZIP Code:		
Odessa	Te			79761		



Reset Form

Check here if you are a:		Country of Citizenship (For non-U.S. Citizens and Permanent Residents):			ent Residents):
Country of Dual or Secondary Citizenship ( <i>if applicable</i> ):		Country of Birth (For non-U.S. Citizens and Permanent Residents):			
Non-U.S. citizens: Do you hold a current U.S. immigration visa? Yes No Specify visa type:Visa Number:Expiration; (Nonresident alliens 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].)					
Check here if you or your spouse, any member of your immediate 10% shareholder, or policy-making officer of a publicly traded com	family, inclu pany. Speci	ding parents, in- fy the company i	iaws, siblings, and dependence, address, city, and	endents, is a mem I state:	ber of the board of directors,
Check here if you or your spouse, any member of your immediate with, a broker-dealer firm, a financial services regulator, securities provide a copy of the required authorization letter.	family, inclu exchange, c	ding parents, in- or member of a s	laws, siblings, and depe ecurities exchange. If ci	endents is licensed hecked, please sp	I, employed by, or associated ecify entity below, and
X signature: Julyah P. (	26 h	Nrs		Date:	6/2020
B. OFFICER/MANAGER/PARTNER/AUTHORIZED A First Name:			1 t blow w		
Albessa	Middle Init	ai	Last Name: Chavez		
Street Address: 802 N. Sam Houston	- I		onaroz	<u> </u>	<u></u>
City:		State:		ZIP	Code:
Odessa		Texas			761
Social Security Number:		Date of Birth:			ne Number: 2-456-9701
Please specify if you are: ☑ Employed		Retired DHome	maker 🗆 Student		
Employer Name (If self-employed, please provide the name of your busin Ector County Independent School District					
Please choose the occupation and industry of occupation code that most	accurately de			ed on page 4.	
Occupation: A42		Industry of Occu	ipation: E11		
Employer Street Address: 802 N. Sam Houston					
City: Odessa		State: Texas		ZIP 797	Code:
Check here if you are a:		Country of Citizenship (For non-U.S. Citizens and Perm			
Country of Dual or Secondary Cittzenship ( <i>if applicable</i> ):		Country of Birth (For non-U.S. Citizens and Permanent Residents):			
Non-U.S. citizens: Do you hold a current U.S. immigration visa? Yes (Nonresident aliens must submit Form W-8BEN and a copy of a current passpo Number Attachment to Form W-9 [Form TDAI 835].)			Visa Numb	er: Explanation for U.S.	Expiration: Mailing Address/U.S. Phone
Check here if you or your spouse, any member of your immediate 10% shareholder, or policy-making officer of a publicly traded com	family, inclue pany. Specif	ding parents, in- y the company r	aws, siblings, and depe ame, address, city, and	ndents, is a memi I state:	per of the board of directors,
·		··· ·-			
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: Albertsch Chav	C)			Date:	6-2020
C. OFFICER/MANAGER/PARTNER/AUTHORIZED A					
First Name:	Middle Init	al:	Last Name:		
Uvaldina	<u> </u>		Valenzueia		
Street Address: 802 N. Sam Houston					
State: ZIP Code:					
dessa ial Security Number:		Texas Date of Birth:			761 ne Number:
Please specify if you are:			1.	2-456-9699	
Employed Self-employed Unemployed Retired Homemaker Student					
Employer Name ( <i>If self-employed, please provide the name of your business</i> ): Ector County Independent School District					
Please choose the occupation and industry of occupation code that most accurately describes your situation, from the list provided on page 4. Docupation: A42					
			<u>ian</u>		

Employer Street Address: 802 N. Sam Houston						
City: Odessa		State: Texas		ZIP Code: 79761		
Check here if you are a:	Resident DNot a U.S. Citizen		tizenship (For non-U.S. Citizens and F			
Country of Dual or Secondary Citizenshi		Country of Birth (For non-U.S. Citizens and Permanent Residents):				
Non-U.S. citizens: Do you hold a current U.S. immigration visa? Yes No Specify visa type: Visa Number: Expiration: (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].)						
Check here if you or your spouse, a 10% shareholder, or policy-making	any member of your immediate family, inclu officer of a publicly traded company. Speci	uding parents, in ify the company	n-laws, siblings, and dependents, is / name, address, city, and state:	a member of the board of directors,		
Check here if you or your spouse, a with, a broker-dealer firm, a financi provide a copy of the required auth	any member of your immediate family, inclu al services regulator, securities exchange, iorization letter.	uding parents, in or member of a	n-laws, siblings, and dependents is securities exchange. If checked, plo	icensed, employed by, or associated ease specify entity below, and		
XSignature:	<u>e</u>		Date: _	7/6/2020		
D. TRUSTED CONTACT (Opi	tional)					
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	5:			
Mailing Address:	Mailing Address:					
City:		State:		ZIP Code:		
First Name:		Middle Initial:	Last Name:			
Relationship:		1	1			
Primary Telephone Number:		Email Address	8.			
Mailing Address:						
City:		State:		ZIP Code:		
IN WITNESS WHEREOF, I have hereunto set my hand and the seal of said corporation this day of, 2020,						
Secretary's Signature (or sole offi	icer):		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						

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## **Occupation Codes** C82 Compliance/Regulatory Professional A42 Accountant/Auditor/Bookkeeper N21 Nurse O11 Office Associate A62 Adjuster C92 Consultant C43 Counselor/Therapist O21 Other; If Other, include a description A82 Advertiser/Marketer/PR Professional C53 Customer Service Representative in the Occupation box. A33 Air Traffic Controller A43 Ambassador/Consulate Professional Dealer P81 Pharmacist D11 P91 Physical Therapist D61 Dentist A53 Analyst A63 Appraiser D31 Distributor P22 Pilot P32 Police Officer/Firefighter/ D41 Doctor/Surgeon/Physician A73 Architect/Designer A83 Artist/Performer/Actor/Dancer Driver Law Enforcement Professional D51 P42 Politician A93 Assistant/Executive Assistant E51 Engineer Exterminator P52 Project Manager A44 Athlete E71 Factory/Warehouse Worker Real Estate Professional A64 Attorney/Judge/Legal Professional R81 F71 Farmer/Rancher Researcher F81 R71 A74 Auctioneer Financial Planner/Advisor Salesperson L51 Banker/Lending Professional F91 S41 Flight Attendant Scientist B21 Barber/Beautician/Hairstylist F22 S51 Human Resources Professional Seamstress/Tailor S61 B31 Broker/Registered Rep F32 B41 Business Executive (VP, Director, etc.) 141 Importer/Exporter S71 Security Guard Social Worker Inspector/Investigator S81 B51 Business Owner 151 Teacher/Professor 181 Investor T41 C81 Caregiver IT Professional/IT Associate Technician C91 Carpenter/Construction Worker/ 191 T51 J31 Janitor T61 Teller Contractor Tradesperson/Craftsperson J41 Jeweler T71 C22 Cashier Laborer T81 Trainer/Instructor C32 Chef/Cook 1.31 Landscaper U21 Underwriter C42 Chiropractor L41 V11 Veterinarian M91 Mechanic C52 Civil Servant M22 Military, Officer or Associated W21 Writer/Journalist/Editor C62 Clergy M32 Mortician/Funeral Director C72 Clerk Industry of Occupation Codes F11 Fashion/Clothing Other; If Other, include a description 031 A11 Accounting A21 Advertising/Marketing F21 Financial Services in the Industry of Occupation box F51 Firearms and Explosives P11 Parking and Car Washes A31 Aerospace/Defense A41 Agriculture/Forestry G11 Gaming/Casino/Card Club P21 Pawn Shops/Brokers G21 Government/Public Administration Personal Care/Hygiene (Beauty, P31 A51 Amusement and Recreation Grocery/Supermarket Salon, Cosmetics, Massage, etc.) A61 Animal Services and Veterinary G31 H11 Healthcare/Medical Services P41 Pharmaceuticals A71 Architecture/Design A81 Arts/Antiques Hotel/Hospitality Printing/Publishing H21 P51 Import/Export P71 Professional/Civic Organizations A91 Athletics/Fitness 111 Information Technology (IT) (Non-Retail) 121 A32 Automotive R11 Real Estate B11 Aviation 131 Insurance Jewelry, Gems, and Precious Metals R21 Religious Organization C11 Bar/Nightclub/Adult Entertainment J11 Repair Services - Home, Auto, Legal Services/Public Safety Club L11 R31 L21 Logistics/Supply Chain and Other C21 Childcare R41 Restaurant/Food Service Manufacturing C31 Cleaning/Janitorial/Housekeeping M11 C41 Communications/Telecommunications R51 Retail Sales/Retail Trade M21 Maritime Media/Entertainment S11 Science and Biotechnology C51 Construction/Carpentry/Landscaping M31 C61 Convenience Store/Liquor Store/ M41 Mining, Oil, and Gas S21 Security Money Services Businesses (Check Transportation Gas Station M51 T11 Cashing, Money Transmitting, Payday T31 Travel C71 Customer Service and Support Loans, Currency Exchange) U11 Utilities (Public) E11 Education N11 Non-Profit/NGO (Non-Government W11 Wholesale Sales/Trade E21 Embassy/Consulate Agency)/Charity E31 Energy E41 Engineering



## To: TD Ameritrade Institutional Subject: Change in Officer/Authorized Agent Date: July 21st, 2020

Please remove Art Martin from our Ector County ISD account# 938035573. Deborah Ottmers needs to be added to same account.

Contact me at the phone above if you have questions.

Thank you,

alvesse Chave

Albessa Chavez Director of Finance.