



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 \_\_\_\_\_ day of \_\_\_\_\_, 2020, 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the board of directors dated as of the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and that such resolution has not been rescinded or modified and is in full force and effect: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

A. 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: 432-456-9499
Please specify if you are: [X] 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: Odessa State: Texas ZIP Code: 79761



|   |   |
|---|---|
| Check here if you are a:<br><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?  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, 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:

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: *Albessa Chavez* Date: 5-27-20

**B. OFFICER/MANAGER/PARTNER/AUTHORIZED AGENT**

|                        |                 |                      |
|------------------------|-----------------|----------------------|
| First Name:<br>Albessa | Middle Initial: | Last Name:<br>Chavez |
|------------------------|-----------------|----------------------|

|                                       |  |  |
|---------------------------------------|--|--|
| Street Address:<br>802 N. Sam Houston |  |  |
|---------------------------------------|--|--|

|                 |                 |                    |
|-----------------|-----------------|--------------------|
| City:<br>Odessa | State:<br>Texas | ZIP Code:<br>79761 |
|-----------------|-----------------|--------------------|

|                         |                           |                               |
|-------------------------|---------------------------|-------------------------------|
| Social Security Number: | Date of Birth:<br>9-10-77 | Phone Number:<br>432-456-9701 |
|-------------------------|---------------------------|-------------------------------|

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:<br>802 N. Sam Houston |  |  |
|--|--|--|

|                 |                 |                    |
|-----------------|-----------------|--------------------|
| City:<br>Odessa | State:<br>Texas | ZIP Code:<br>79761 |
|-----------------|-----------------|--------------------|

|   |   |
|---|---|
| Check here if you are a:<br><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?  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, 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:

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: *Albessa Chavez* Date: 5-27-2020

**C. OFFICER/MANAGER/PARTNER/AUTHORIZED AGENT**

|                         |                 |                          |
|-------------------------|-----------------|--------------------------|
| First Name:<br>Uvaldina | Middle Initial: | Last Name:<br>Valenzuela |
|-------------------------|-----------------|--------------------------|

|                                       |  |  |
|---------------------------------------|--|--|
| Street Address:<br>802 N. Sam Houston |  |  |
|---------------------------------------|--|--|

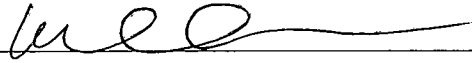
|                 |                 |                    |
|-----------------|-----------------|--------------------|
| City:<br>Odessa | State:<br>Texas | ZIP Code:<br>79761 |
|-----------------|-----------------|--------------------|

|                         |                |                               |
|-------------------------|----------------|-------------------------------|
| Social Security Number: | Date of Birth: | Phone Number:<br>432-456-9699 |
|-------------------------|----------------|-------------------------------|

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:<br>802 N. Sam Houston  |                 |   |
| City:<br>Odessa   | State:<br>Texas | ZIP Code:<br>79761  |
| Check here if you are a:<br><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: _____<br><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:<br><br><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.<br><br> |                 |   |
| X Signature:   |                 | Date: 5/27/2020   |

**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 \_\_\_\_\_, \_\_\_\_\_  
Day Month Year

|  |             |
|--|-------------|
| 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

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**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                                |  |  |