

ADDITION/DELETION FORM FOR AUTHORIZED REPRESENTATIVES

PARTICIPANT NAME: Denton ISD

LOCATION NUMBER: 06105

PART I: DELETIONS - Please enter the Authorized Representatives to be <u>deleted</u>

1. Dr. Ray Braswell

3. _____

2.

PART II: ADDITIONS - Please enter the Authorized Representatives to be added

1. Name: <u>Dr. Jamie Wilson</u>	Title: Superintendent
Signature:	Phone: 940-369-0000
	Email: jwilson@dentonisd.org
2. Name:	Title:
Signature:	Phone:
	Email:
PART III: APPROVALS - Please er to authorize the deletions and add	nter the names of <u>all</u> currently Authorized Representatives ditions of the individuals above.
1. Name: <u>Debbie Monschke</u> Signature: <u>Del.Ir.</u> Mor	Official Seal of Participant (required)
Title: Executive Director Administration	
2. Name: Julie J. Simpson	
Signature: Julie Sim	-por-
Title: Accounting Supervisor	
3. Name: <u>Dr. Ray Braswell</u>	
Signature:	
Title: Superintendent	
4. Name: <u>Mia Price</u>	
Signature:	Attested By:
Title: Board President	Title:

Mail originals to TexSTAR Participant Services * 325 North St. Paul Street, Suite 800 * Dallas, Texas 75201



AMENDING RESOLUTION

WHEREAS, Denton ISD 06105

(the "Government Entity") by authority of the Application for Participation in TexSTAR (the "Application") has entered into an Interlocal Agreement (the "Agreement") and has become a participant in the public funds investment pool created there under known as TexSTAR Short Term Assert Reserve Fund ("TexSTAR");

WHEREAS, the Application designated on one or more "Authorized Representatives" within the meaning of the Agreement;

WHEREAS, the Government Entity now wishes to update and designate the following persons as the "Authorized Representatives" within the meaning of the Agreement;

NOW, THEREFORE, BE IT RESOLVED:

SECTION 1. The following officers, officials or employees of the Government Entity specified in this document are hereby designated as "Authorized Representatives" within the meaning of the Agreement, with full power and authority to open accounts, to deposit and withdraw funds, to designate other authorized representatives, and to take all other action required or permitted by Government Entity under the Agreement created by the application, all in the name and on behalf of the Government Entity.

SECTION 2. This document supersedes and replaces the Government Entity's previous designation of officers, officials or employees of the Government Entity as Authorized Representatives under the Agreement

SECTION 3. This resolution will continue in full force and effect until amended or revoked by Government Entity and written notice of the amendment or revocation is delivered to the TEXSTAR Board.

SECTION 4. Terms used in this resolution have the meanings given to them by the Application.

Authorized Representatives. Each of the following Participant officials is designated as Participant's Authorized Representative authorized to give notices and instructions to the Board in accordance with the Agreement, the Bylaws, the Investment Policy, and the Operating Procedures:

1. Name: Debbie Monschke	Title: Executive Director Administrative Services
Signature: Delibri Monschke	Phone: 940-369-0010
	Email: dmonschke@dentonisd.org
2. Name: Julie J. Simpson	Title: Accounting Supervisor
Signature: Suche Simpson	Phone: <u>940-369-0019</u>
	Email: jsimpson@dentonisd.org
3. Name: Dr. Jamie Wilson	Title: Superintendent
Signature:	Phone: 940-369-000
	Email: jwilson@dentonisd.org
4. Name:	
Signature:	Phone:
	Email:

(REQUIRED) PRIMARY CONTACT: List the name of the Authorized Representative **listed above** that will be designated as the Primary Contact and will receive all TexSTAR correspondence including transaction confirmations and monthly statements

Name: Debbie Monschke

(OPTIONAL) INQUIRY ONLY CONTACT: In addition, the following additional Participant representative (<u>not</u> <u>listed above</u>) is designated as an **Inquiry Only** Representative authorized to obtain account information:

Title: General Ledger Accountant Name: Sharon Harris Phone: 940-369-0012 Signature:

Email: sharris3@dentonisd.org

Participant may designate other authorized representatives by written instrument signed by an existing Participant Authorized Representative or Participant's chief executive officer.

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	Denton ISD 06105
	(NAME OF PARTICIPANT)
	SIGNED BY:
	(Signature of official)
	Mrs. Mia Price Board President
	(Printed name and title)
	ATTESTED BY:
	(Signature of official)
	Dr. Rudy Rodriguez Board Secretary
	(Printed name and title)
	FOR INTERNAL USE ONLY APPROVED AND ACCEPTED: TEXAS SHORT TERM ASSET RESERVE FUND
OFFICIAL SEAL OF PARTICIPANT (REQUIRED)	AUTHORIZED SIGNER