



RESOLUTION AMENDING AUTHORIZED REPRESENTATIVES

WHEREAS, Brackett Independent School District, 77891

(Participant Name & Location Number)

("Participant") is a local government of the State of Texas and is empowered to delegate to a public funds investment pool the authority to invest funds and to act as custodian of investments purchased with local investment funds; and

WHEREAS, it is in the best interest of the Participant to invest local funds in investments that provide for the preservation and safety of principal, liquidity, and yield consistent with the Public Funds Investment Act; and

WHEREAS, the Texas Local Government Investment Pool ("TexPool/ Texpool *Prime*"), a public funds investment pool, were created on behalf of entities whose investment objective in order of priority are preservation and safety of principal, liquidity, and yield consistent with the Public Funds Investment Act.

NOW 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 or appropriate for the investment of local funds.
- B. That an Authorized Representative of the Participant may be deleted by a written instrument signed by all 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;

List the Authorized Representatives of the Participant. Any new individuals will be issued personal identification numbers to transact business with TexPool Participant Services

1. Name	<u>Paula Renken</u>	Title	<u>Superintendent</u>
Signature	<u></u>	Phone Number	<u>830 563-2491</u>

ORIGINALS REQUIRED

TEX – REP

2. Name Marla Madrid Title Business Manager
Signature _____ Phone Number 830 563-2491
3. Name Henry Lutz Title President, Board of Trustees
Signature _____ Phone Number _____
4. Name _____ Title _____
Signature _____ Phone Number _____

List the name of the Authorized Representative listed above that will have primary responsibility for performing transactions and receiving confirmations and monthly statements under the Participation Agreement

Name Marla Madrid Fax Number 830 563-9264
Email marlam@brackett.k12.tx.us

In addition and at the option of the Participant, one additional Authorized Representative can be designated to perform only inquiry of selected information. This limited representative cannot perform transactions. If the Participant desires to designate a representative with inquiry rights only, complete the following information.

5. Name _____ Title _____

D. That this Resolution and its authorization shall continue in full force and effect until amended or revoked by the Participant, and until TexPool Participant Services receives a copy of any such amendment or revocation. This Resolution is hereby introduced and adopted by the Participant at its regular/special meeting held on the _____ day _____, 20 ____.

NAME OF PARTICIPANT: Brackett Independent School District

BY: _____
Signature
Henry Lutz
Printed Name
President, Board of Trustees
Title

ATTEST: _____
Signature
Sara Terrazas
Printed Name
Secretary, Board of Trustees
Title

This document supersedes all prior Authorized Representative designations.

ORIGINALS REQUIRED

TEX – REP



DELETION FORM FOR AUTHORIZED REPRESENTATIVES

*LOCATION NUMBER: 77891 *EFFECTIVE DATE: July 25, 2006

*PARTICIPANT NAME: Brackett Independent School District

PART I: DELETIONS - Please enter the names of the individuals to be deleted as Authorized Representatives.

PRINTED NAME	PRINTED NAME
1. <u>Robert M. Templeton</u>	3. _____
2. _____	**Inquiry Only Representative

PART II: APPROVALS - Please enter the names of the individuals who are currently Authorized Representatives and who authorize the deletion(s) of the individual(s) above.

PRINTED NAME	TITLE	SIGNATURE
<u>Marla Madrid</u>	<u>Business Manager</u>	_____
_____	_____	_____
_____	_____	_____

PART III: PRIMARY CONTACT - If the person deleted above was the Primary Contact; please provide the name of the Authorized Representative listed in Part II that will be the Primary Contact. The Primary Contact is the individual who will receive the daily transaction confirmations, monthly statements, monthly newsletter, TexPool Updates and other TexPool mailings.

Name: _____

****PART IV: INQUIRY ONLY** - If the person deleted above was an inquiry only representative please specify below if you wish to add another individual. This limited representative cannot perform transactions.

Name: _____

ORIGINALS REQUIRED

*REQUIRED FIELDS

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