



AMENDING RESOLUTION

WHEREAS, Ector County ISD

(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 Asset 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 agree to the terms for use of the website for online transactions, 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: Deborah Ottmers Title: Chief Financial Officer
 Signature: *Deborah Ottmers* Phone: 432-456-9499
 Email: deborah.ottmers@ectorcountyisd.org
2. Name: Albessa Chavez Title: Director of Finance
 Signature: *Albessa Chavez* Phone: 432-456-9709
 Email: albessa.chavez@ectorcountyisd.org
3. Name: _____ Title: _____
 Signature: _____ Phone: _____
 Email: _____
4. Name: _____ Title: _____
 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: Director of Finance

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

Name: Dusty Baumann Title: Accounting Supervisor
 Signature: *Dusty Baumann* Phone: 432-456-9699
 Email: dusty.baumann@ectorcountyisd.org

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

DATED _____

 (NAME OF PARTICIPANT)

SIGNED BY: _____
 (Signature of official)

 (Printed name and title)

ATTESTED BY: _____
 (Signature of official)

 (Printed name and title)

REQUIRED
PLACE OFFICIAL SEAL OF ENTITY HERE

FOR INTERNAL USE ONLY
APPROVED AND ACCEPTED: TEXAS SHORT TERM ASSET RESERVE FUND

AUTHORIZED SIGNER

ADDITION/DELETION FORM FOR AUTHORIZED REPRESENTATIVES



PARTICIPANT NAME: Ector County ISD EFFECTIVE DATE: 2/15/2022

PART I: DELETIONS - Please enter the Authorized Representatives to be deleted.

1. Noemi Jaquez 3. _____
2. _____ Inquiry: _____

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

1. Name: _____ Email: _____
Signature: _____ Phone: _____ Title: _____
2. Name: _____ Email: _____
Signature: _____ Phone: _____ Title: _____
3. Name: _____ Email: _____
Signature: _____ Phone: _____ Title: _____

PART III: APPROVALS - Please enter the names of all currently Authorized Representatives to authorize the deletions and additions of the individuals above.

1. Name: Deborah Ottmers
Signature: Deborah Ottmers
Title: Chief Financial Officer

**Official Seal of Participant
*(REQUIRED)***

2. Name: Albessa Chavez
Signature: Albessa Chavez
Title: Director of Finance

3. Name: _____
Signature: _____
Title: _____

4. Name: _____
Signature: _____
Title: _____

REQUIRED

Attested By: _____

Printed Name: _____

Title: _____

Document with original signatures is required.

Mail originals to TexSTAR Participant Services * 1201 Elm Street, Suite 3500 * Dallas, Texas 75270