

## Resolution Amending Authorized Representatives

Please complete this form to amend or designate Authorized Representatives. This document supersedes all prior Authorized Representative forms.

* Required Fields	
1. Resolution	
WHEREAS,	
Collin County Community College District Participant Name*	7 7 2 7 5 Location Number*
	empowered to delegate to a public funds investment pool the authorit with local investment funds; and
WHEREAS, it is in the best interest of the Participant to invest local principal, liquidity, and yield consistent with the Public Funds Investigation.	al funds in investments that provide for the preservation and safety of stment Act; and
WHEREAS, the Texas Local Government Investment Pool ("TexPo behalf of entities whose investment objective in order of priority as with the Public Funds Investment Act.	ool / Texpool Prime"), a public funds investment pool, were created or re preservation and safety of principal, liquidity, and yield consistent
NOW THEREFORE, be it resolved as follows:	
hereby authorized to transmit funds for investment in TexPo from time to time, to issue letters of instruction, and to take of local funds.	tion, are Authorized Representatives of the Participant and are each of / TexPool Prime and are each further authorized to withdraw funds all other actions deemed necessary or appropriate for the investment
B. That an Authorized Representative of the Participant may be Representatives provided that the deleted Authorized Repre Participant's TexPool / TexPool Prime account or (2) is no lon	e deleted by a written instrument signed by two remaining Authorized esentative (1) is assigned job duties that no longer require access to thinger employed by the Participant; and
<ul> <li>C. That the Participant may by Amending Resolution signed by additional Authorized Representative is an officer, employee</li> </ul>	the Participant add an Authorized Representative provided the e, or agent of the Participant;
List the Authorized Representative(s) of the Participant. Any new in business with TexPool Participant Services.	ndividuals will be issued personal identification numbers to transact
1. Christi Drilling	Executive Director Accounting
Name	Title
9725993103	3 8 4 1 cdrilling5@collin.edu
Phone Fax Signature	Email
2. Krystal Fair	Assistant Director of Accounting
Name   9   7   2   5   9   9   3   1   8   0     9   7   2   7   5   8	Title  3 8 4 1 kfair@collin.edu
Phone Fax	Email
Unistal Fair	
Signature <sup>1</sup>	
3. Shandin Havens Name	Executive Director Financial Services  Title
9 7 2 7 5 8 3 8 4 0 9 7 2 7 5 8	3 8 4 1 shavens@collin.edu
Phone Fax	Email
XMandutta MM	

Signature

. Resolution (continued)	
4. Barbara Johnston	Deputy Chief Financial Officer
Name	Title
9 7 2 9 8 5 3 7 3 2 9 7 2	7 5 8 3 8 4 1 bjohnston@collin.edu
Phone Barbara Johnston	Email
raibaig johnstry	
Signature	
st the name of the Authorized Representative listed a onfirmations and monthly statements under the Partic	bove that will have primary responsibility for performing transactions and receiv ipation Agreement.
uzanne Armstrong	
ame	
addition and at the option of the Participant, one ad elected information. This limited representative canno quiry rights only, complete the following information.	ditional Authorized Representative can be designated to perform only inquiry o ot perform transactions. If the Participant desires to designate a representative w
	Committee of the Commit
ame	Title
Pax Fax	E
ione	Email
D. That this Resolution and its authorization shall countil TexPool Participant Services receives a copy	ontinue in full force and effect until amended or revoked by the Participant, and yof any such amendment or revocation. This Resolution is hereby introduced an
D. That this Resolution and its authorization shall countil TexPool Participant Services receives a copy adopted by the Participant at its regular/special note: Document is to be signed by your Board Pres	ontinue in full force and effect until amended or revoked by the Participant, and yof any such amendment or revocation. This Resolution is hereby introduced an
<ul> <li>D. That this Resolution and its authorization shall countil TexPool Participant Services receives a copy adopted by the Participant at its regular/special note: Document is to be signed by your Board Presecretary or County Clerk.</li> </ul>	ontinue in full force and effect until amended or revoked by the Participant, and y of any such amendment or revocation. This Resolution is hereby introduced an neeting held on the day of, 2 0,
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D. That this Resolution and its authorization shall countil TexPool Participant Services receives a copy adopted by the Participant at its regular/special note: Document is to be signed by your Board Presecretary or County Clerk.  collin County Community College District arms of Participant*  GNED  gnature*  I. Neil Matkin, Ed.D.	ATTEST  Signature*
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D. That this Resolution and its authorization shall countil TexPool Participant Services receives a copy adopted by the Participant at its regular/special note: Document is to be signed by your Board Presecretary or County Clerk.  Collin County Community College District	ATTEST  Signature*  Donna Ludwig Printed Name*  Secretary to the Board of Trustees  Title*

Fax: 866-839-3291

TEX-REP





Collin County Community College District

## Resolution Amending Authorized Representatives

7 7 2 7 5

Location Number\*

Please complete this form to amend or designate Authorized Representatives. This document supersedes all prior Authorized Representative forms.

\* Required Fields

1. Resolution WHEREAS,

Participant Name\*

	ticipant") is a local government of the State of Texas and is exvest funds and to act as custodian of investments purchased w			the authority
WHE princ	REAS, it is in the best interest of the Participant to invest loca ipal, liquidity, and yield consistent with the Public Funds Inves	l funds in invest tment Act; and	ments that provide for the preservation ar	nd safety of
beha	REAS, the Texas Local Government Investment Pool ("TexPool If of entities whose investment objective in order of priority are the Public Funds Investment Act.			
NOV	V THEREFORE, be it resolved as follows:			
A.	That the individuals, whose signatures appear in this Resolut hereby authorized to transmit funds for investment in TexPoor from time to time, to issue letters of instruction, and to take a of local funds.	I / TexPool Prim	ne and are each further authorized to with	draw funds
В.	That an Authorized Representative of the Participant may be Representatives provided that the deleted Authorized Repre Participant's TexPool / TexPool Prime account or (2) is no long	sentative (1) is a	issigned job duties that no longer require	Authorized access to the
C.	That the Participant may by Amending Resolution signed by additional Authorized Representative is an officer, employee,	the Participant or agent of the	add an Authorized Representative provide Participant;	ed the
List the busin	he Authorized Representative(s) of the Participant. Any new incess with TexPool Participant Services.	dividuals will be	issued personal identification numbers to	transact
1.	Suzanne Armstrong	Accounta	nt	
	Name	Title	Etroporu 1 karkalı ile anan aranın	
	Name	Title 3  8  4  1	sarmstrong@collin.edu	
	Name		tregrand kark of the engine	
	Name 9   7   2   7   5   8   3   8   2   3   9   7   2   7   5   8		sarmstrong@collin.edu	
	Name 9 7 2 7 5 8 3 8 2 3 9 7 2 7 5 8 Phone Swame Fax		sarmstrong@collin.edu	
	Name 9   7   2   7   5   8   3   8   2   3   9   7   2   7   5   8		sarmstrong@collin.edu	
2.	Name 9 7 2 7 5 8 3 8 2 3 9 7 2 7 5 8  Phose Signature	3   8   4   1	sarmstrong@collin.edu	
	Name 9 7 2 7 5 8 3 8 2 3 9 7 2 7 5 8 Phone Swame Fax		sarmstrong@collin.edu	
	Name  9 7 2 7 5 8 3 8 2 3 9 7 2 7 5 8  Phose Signature  Name	3   8   4   1	sarmstrong@collin.edu Email	
	Name 9 7 2 7 5 8 3 8 2 3 9 7 2 7 5 8  Phose Signature	3   8   4   1	sarmstrong@collin.edu	
	Name  9 7 2 7 5 8 3 8 2 3 9 7 2 7 5 8  Phone Signature  Name  Phone  Fax  Fax  Fax  Fax  Fax  Fax  Fax  Fa	3   8   4   1	sarmstrong@collin.edu Email	
	Name  9 7 2 7 5 8 3 8 2 3 9 7 2 7 5 8  Phose Signature  Name	3   8   4   1	sarmstrong@collin.edu Email	
2.	Name  9 7 2 7 5 8 3 8 2 3 9 7 2 7 5 8  Phone Signature  Name  Phone  Fax  Fax  Fax  Fax  Fax  Fax  Fax  Fa	3   8   4   1	sarmstrong@collin.edu Email	
	Name  9 7 2 7 5 8 3 8 2 3 9 7 2 7 5 8  Phone Signature  Name  Phone  Fax  Fax  Fax  Fax  Fax  Fax  Fax  Fa	3   8   4   1	sarmstrong@collin.edu Email	
2.	Name  9 7 2 7 5 8 3 8 2 3 9 7 2 7 5 8  Phone Signature  Fax  Signature	3   8   4   1   Title	sarmstrong@collin.edu Email	
2.	Name  9 7 2 7 5 8 3 8 2 3 9 7 2 7 5 8  Phone Signature  Fax  Signature	3   8   4   1   Title	sarmstrong@collin.edu Email	
2.	Name    9	3   8   4   1   Title	sarmstrong@collin.edu Email	