



AMENDING RESOLUTION

WHEREAS, Nueces County Hospital District

(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: Jonny F. Hipp Title: Administrator/CEO
 Signature: *Jonny F. Hipp* Phone: 361-808-3300
 Email: jonny.hipp@nchdcc.org
- 2. Name: Belinda Chism Title: Assistant Administrator
 Signature: *Belinda Chism* Phone: 361-808-3330
 Email: belinda.chism@nchdcc.org
- 3. Name: Donna Littlefield Title: Director of Accounting/Finance
 Signature: *Donna Littlefield* Phone: 361-808-3303
 Email: donna.littlefield@nchdcc.org
- 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: Jonny F. Hipp

{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: _____ Title: _____
 Signature: _____ Phone: _____
 Email: _____

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

DATED _____
Nueces County Hospital District
 (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