



# SECRETARY'S CERTIFICATE REGARDING CORPORATE RESOLUTIONS (PROFIT OR NONPROFIT)

Account #: 938035573

Advisor Code: WIH

Case #: \_\_\_\_\_

### Agreement

I hereby certify that I am the Secretary of ECTOR COUNTY ISD; a corporation  
Corporation  
 duly organized and existing under the laws of the State/Province of Texas, and that the following is  
State/Province  
 a true copy of a resolution duly adopted by the board of directors of said corporation at a meeting held the 15 day of  
Day  
February, 2022, at which meeting a quorum was present and acting throughout, or by unanimous consent of the  
Month Year  
 board of directors dated as of the 15 day of February, 2022, and that such resolution has not been  
Day Month Year  
 rescinded or modified and is in full force and effect:

RESOLVED, that the President, Vice President, and the Treasurer of this corporation, or any one of such officers, are hereby fully authorized and empowered to open a brokerage account, transfer, endorse, sell, assign, set over, and deliver any and all shares of stocks, bonds, debentures, notes, evidences of indebtedness, or other securities (including short sales) now or hereafter standing in the name of or owned by this corporation, to purchase stocks, bonds, debentures, notes, evidences of indebtedness, and other securities (on margin or otherwise), and to make, execute, and deliver, under the corporate seal of this corporation, any and all written instruments necessary or proper to effectuate the authority hereby conferred.

### Investments Permitted

The undersigned agree to the entering of purchases and sales of securities as well as all other transactions in the following types of accounts:

- Cash       Margin      **Options:**       Writing Covered       Creating Spreads  
 Purchasing Long       Writing Uncovered

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person authorized to trade on an account.

What this means for you: When you are authorized to trade on an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also utilize a third-party information provider for verification purposes and/or ask for a copy of your driver's license or other identifying documents.

I further certify that the authority hereby conferred is consistent with the charter or by-laws of this corporation. Unless indicated below that I am a sole officer, the following is a true and correct list of the officers of this corporation as of the present date and a record of the officers' signatures:

I am the sole officer.

If you are changing the beneficial owner or control person for this entity, please complete the Beneficial Owner/Control Person Entity Update Form.

### PRINT INFORMATION

A. OFFICER/MANAGER/PARTNER/AUTHORIZED AGENT		
First Name: Deborah	Middle Initial:	Last Name: Ottmers
Street Address: 802 N. Sam Houston		
City: Odessa	State: Texas	ZIP Code: 79761
Social Security Number: XXX-XX-2204	Date of Birth: 8/27/1963	Phone Number: 462-456-9499
Please specify if you are: <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student		
Employer Name (If self-employed, please provide the name of your business): Ector County Independent School District		
Please choose the occupation and industry of occupation code that most accurately describes your situation, from the list provided on page 4. Occupation: A42      Industry of Occupation: E11		
Employer Street Address: 802 N. Sam Houston		
City: Odessa	State: Texas	ZIP Code: 79761



Check here if you are a: <input checked="" type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Not a U.S. Citizen.	Country of Citizenship (For non-U.S. Citizens and Permanent Residents):
Country of Dual or Secondary Citizenship (if applicable):	Country of Birth (For non-U.S. Citizens and Permanent Residents):
Non-U.S. citizens: Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify visa type: _____ Visa Number: _____ Expiration: _____ <i>(Nonresident aliens must submit Form W-8BEN and a copy of a current passport. If a U.S. address is listed, then attach a signed "Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to Form W-8" [Form TDAI 835].)</i>	
<input type="checkbox"/> Check here if you or your spouse, any member of your immediate family, including parents, in-laws, siblings, and dependents, is a member of the board of directors, 10% shareholder, or policy-making officer of a publicly traded company. Specify the company name, address, city, and state: _____	
<input type="checkbox"/> Check here if you or your spouse, any member of your immediate family, including parents, in-laws, siblings, and dependents is licensed, employed by, or associated with, a broker-dealer firm, a financial services regulator, securities exchange, or member of a securities exchange. If checked, please specify entity below, and provide a copy of the required authorization letter. _____	
<b>X</b> Signature: <u>Deborah P. Holmes</u>	Date: <u>2/10/2022</u>

**B. OFFICER/MANAGER/PARTNER/AUTHORIZED AGENT**

First Name: <b>Albessa</b>	Middle Initial:	Last Name: <b>Chavez</b>
Street Address: <b>802 N. Sam Houston</b>		
City: <b>Odessa</b>	State: <b>Texas</b>	ZIP Code: <b>79761</b>
Social Security Number: <b>XXX-XX-4189</b>	Date of Birth: <b>9/10/1977</b>	Phone Number: <b>432-456-9701</b>
Please specify if you are: <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student		
Employer Name (If self-employed, please provide the name of your business): <b>Ector County Independent School District</b>		
Please choose the occupation and industry of occupation code that most accurately describes your situation, from the list provided on page 4. Occupation: <b>A42</b> Industry of Occupation: <b>E11</b>		
Employer Street Address: <b>802 N. Sam Houston</b>		
City: <b>Odessa</b>	State: <b>Texas</b>	ZIP Code: <b>79761</b>
Check here if you are a: <input checked="" type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Not a U.S. Citizen.	Country of Citizenship (For non-U.S. Citizens and Permanent Residents):	
Country of Dual or Secondary Citizenship (if applicable):	Country of Birth (For non-U.S. Citizens and Permanent Residents):	
Non-U.S. citizens: Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify visa type: _____ Visa Number: _____ Expiration: _____ <i>(Nonresident aliens must submit Form W-8BEN and a copy of a current passport. If a U.S. address is listed, then attach a signed "Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to Form W-8" [Form TDAI 835].)</i>		
<input type="checkbox"/> Check here if you or your spouse, any member of your immediate family, including parents, in-laws, siblings, and dependents, is a member of the board of directors, 10% shareholder, or policy-making officer of a publicly traded company. Specify the company name, address, city, and state: _____		
<input type="checkbox"/> Check here if you or your spouse, any member of your immediate family, including parents, in-laws, siblings, and dependents is licensed, employed by, or associated with, a broker-dealer firm, a financial services regulator, securities exchange, or member of a securities exchange. If checked, please specify entity below, and provide a copy of the required authorization letter. _____		
<b>X</b> Signature: <u>Albessa Chavez</u>	Date: <u>1/31/2022</u>	

**C. OFFICER/MANAGER/PARTNER/AUTHORIZED AGENT**

First Name:	Middle Initial:	Last Name:
Street Address:		
City:	State:	ZIP Code:
Social Security Number:	Date of Birth:	Phone Number:
Please specify if you are: <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student		
Employer Name (If self-employed, please provide the name of your business):		
Please choose the occupation and industry of occupation code that most accurately describes your situation, from the list provided on page 4. Occupation: _____ Industry of Occupation: _____		

Employer Street Address:		
City:	State:	ZIP Code:
Check here if you are a: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Not a U.S. Citizen		Country of Citizenship (For non-U.S. Citizens and Permanent Residents):
Country of Dual or Secondary Citizenship (if applicable):		Country of Birth (For non-U.S. Citizens and Permanent Residents):
Non-U.S. citizens: Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> No   Specify visa type: _____ Visa Number: _____ Expiration: _____ <i>(Nonresident aliens must submit Form W-8BEN and a copy of a current passport. If a U.S. address is listed, then attach a signed "Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to Form W-8" [Form TDAI 835].)</i>		
<input type="checkbox"/> Check here if you or your spouse, any member of your immediate family, including parents, in-laws, siblings, and dependents, is a member of the board of directors, 10% shareholder, or policy-making officer of a publicly traded company. Specify the company name, address, city, and state: _____		
<input type="checkbox"/> Check here if you or your spouse, any member of your immediate family, including parents, in-laws, siblings, and dependents is licensed, employed by, or associated with, a broker-dealer firm, a financial services regulator, securities exchange, or member of a securities exchange. If checked, please specify entity below, and provide a copy of the required authorization letter. _____		
<b>X</b> Signature: _____ Date: _____		

**D. TRUSTED CONTACT (Optional)**

By completing this section, you authorize TD Ameritrade to contact the person(s) named below for the following reasons: if there are questions or concerns about my whereabouts or health status; if TD Ameritrade suspects that I may be a victim of fraud or financial exploitation; if TD Ameritrade suspects that I might no longer be able to handle my financial affairs; to confirm the identity of any legal guardian, executor, trustee, authorized trader, or holder of a power of attorney; or if TD Ameritrade has any other concerns or is unable to contact me about my account(s) held at TD Ameritrade. **Please review the Client Agreement for the full terms and conditions regarding how TD Ameritrade uses this information.**

**NOTE: Your Trusted Contact must be someone other than an account owner and cannot be the Investment Advisor. You may provide more than two Trusted Contact Persons by completing and signing additional Trusted Contact Authorization Forms.**

First Name:	Middle Initial:	Last Name:
Relationship:		
Primary Telephone Number:	Email Address:	
Mailing Address:		
City:	State:	ZIP Code:
First Name:	Middle Initial:	Last Name:
Relationship:		
Primary Telephone Number:	Email Address:	
Mailing Address:		
City:	State:	ZIP Code:

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of said corporation this 15 day of February, 2022

Secretary's Signature (or sole officer): _____	Date: _____
Printed Name of Secretary: _____	

[PLACE YOUR CORPORATE SEAL HERE]

Mailing Address:  
**TD Ameritrade Institutional**  
 PO BOX 650567  
 Dallas, TX 75265-0567

TDAI 9303 REV. 11/18

Investment Products: Not FDIC Insured \* No Bank Guarantee \* May Lose Value