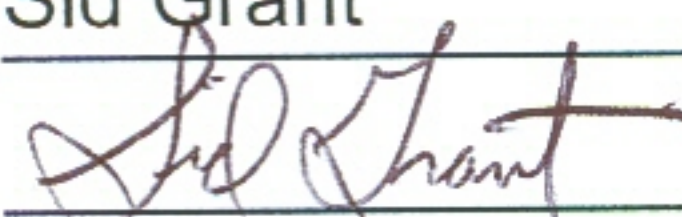



2. Name Sid Grant Title Asst. Supt. for Bus.& Support Services
 Signature  Phone Number 214-496-6024

3. Name Barbara B. Sabedra Title Director of Accounting
 Signature  Phone Number 214-496-6018

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 Ralph Seeley Fax Number 214-496-6036
 Email rseeley@coppellisd.com

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: _____

BY: _____

Signature

Printed Name

Title

ATTEST: _____

Signature

Printed Name

Title

This document supersedes all prior Authorized Representative designations.

ORIGINALS REQUIRED

TEX – REP