



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:

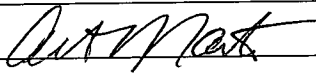
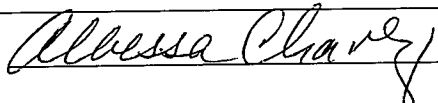
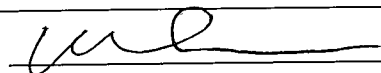
SECTION 1. The following officers, officials or employees of the Government Entity specified in this document are hereby designated as "Authorized Representatives" within the meaning of the Agreement, with full power and authority to open accounts, to deposit and withdraw funds, to agree to the terms 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: Arthur (Art) Martin Title: Interim CFO
 Signature:  Phone: 432-456-9499
 Email: arthur.martin@ectorcountyisd.org
2. Name: Albessa Chavez Title: Director of Finance
 Signature:  Phone: 432-456-9709
 Email: albessa.chavez@ectorcountyisd.org
3. Name: Uvaldina Valenzuela Title: Accounting Supervisor
 Signature:  Phone: 432-456-9699
 Email: uvaldina.valenzuela@ectorcountyisd.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: Arthur (Art) Martin

{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 _____

 (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: _____

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

1. Albert Anchondo 3. _____
2. _____ Inquiry: _____

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

1. Name: Uvaldina Valenzuela Email: uvaldina.valenzuela@ectorcountyisd.org
Signature: [Handwritten Signature] Phone: 432-456-9699 Title: Accounting Supervisor
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: Arthur (Art) Martin
Signature: [Handwritten Signature]
Title: Interim CFO
2. Name: Albessa Chavez
Signature: [Handwritten Signature]
Title: Director of Finance
3. Name: _____
Signature: _____
Title: _____
4. Name: _____
Signature: _____
Title: _____

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

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

ADDITION/DELETION FORM FOR AUTHORIZED REPRESENTATIVES



PART IV: PRIMARY CONTACT [required] - If the Primary Contact on file with TexSTAR was deleted in Part I of this form, please provide the name of the Authorized Representative that will be the Primary Contact. The Primary Contact is the individual who will receive the daily transaction confirmations, monthly statements, monthly newsletter, TexSTAR updates and other program mailings.

Name: Arthur (Art) Martin
Email Address: arthur.martin@ectorcountyisd.org
Phone Number: 432-456-9499

PART V: INQUIRY ONLY [optional] - If an Inquiry Only Representative was deleted in Part I and you wish to replace this representative or add an inquiry only representative to your TexSTAR account for the first time, please list this individual below. This limited representative cannot make deposits or withdrawals or sign Bank Information Sheets.

Name: _____ Title: _____
Signature: _____ Phone: _____
Email: _____

If you have any questions regarding this form or the Authorized Representatives currently on file with TexSTAR for your entity, please contact TexSTAR Participant Services at 1-800-839-7827.

Document with original signatures is required.
Forms with alterations (i.e. white out, mark out, etc.) will NOT be accepted
Mail originals to TexSTAR Participant Services * 1201 Elm Street, Suite 3500 * Dallas, Texas 75270