

Resolution Amending Authorized Representatives

Please use this form to amend or designate Authorized Representatives.

This document supersedes all prior Authorized Representative forms.

* Required Fields

1. R	esolution				
WHE	REAS,				
City	of Grand Prairie			7 8 1 9 5	
Partici	pant Name*	CONTRACTOR OF THE PROPERTY OF		Location Number*	
	icipant") is a local government of the State of Texas and is empowered act as custodian of investments purchased with local investment fund		a public funds	s investment pool the authority to	invest funds
	REAS, it is in the best interest of the Participant to invest local funds in ty, and yield consistent with the Public Funds Investment Act; and	investments that	t provide for	the preservation and safety of pri	ncipal,
entitie	REAS, the Texas Local Government Investment Pool ("TexPool/ Texpools s whose investment objective in order of priority are preservation and sement Act.				
NOW	THEREFORE, be it resolved as follows:				
Α.	That the individuals, whose signatures appear in this Resolution, are authorized to transmit funds for investment in TexPool / TexPool Prim to issue letters of instruction, and to take all other actions deemed ne	e and are each	further autho	rized to withdraw funds from time	
B.	That an Authorized Representative of the Participant may be deleted by provided that the deleted Authorized Representative (1) is assigned job Prime account or (2) is no longer employed by the Participant; and	- The filter of the second state of the second seco		요즘 목표를 하게 되는 사람들이 가득하면 하는 사람들이 되어 있다. 목표를 맞았다면서 모르는 사람들이 없는 사람들이 가득하는 것이다.	
C.	That the Participant may by Amending Resolution signed by the Participant Representative is an officer, employee, or agent of the Participant;	cipant add an A	uthorized Re	presentative provided the addition	al Authorized
	e Authorized Representative(s) of the Participant. Any new individuals woll Participant Services.	will be issued pe	ersonal identi	fication numbers to transact busin	ess with
1.	Diana Ortiz	CFO			
	Name	Title	300		
	9 7 2 2 3 7 8 0 9 0 9 7 2 2 3 7 8	3 0 8 0	dortiz@g	ptx.org	
	Phone Fax Signature	PFW wheels have not a served that the short shift of the street of	Email		
2.	Becky Brooks	Asst. CFO			
۷.	Name	Title			anness and the same of
	9 7 2 2 3 7 8 0 9 9 9 9 7 2 2 3 7 8 Phone	0 9 9	bbrooks(@gptx.org	
	Signature Signature	on country and the second seco			
3.	Jacqueline Hathorn	Treasury A	nalyst		
	Name	Title			
		1010101	111 11	Section and the company of the	

1. Re	esolution (continued)				Torres.
4.	Brady Olsen	The state of the s	Treasury	& Debt Manager	
	9 7 2 2 3 7 8 0 9 9 Phone	9 7 2 2 3 7	8080	bolsen@gptx.org	
	Buy Else	гах		Email	
List the	Signature a name of the Authorized Representative lis	ted above that will have	primary responsibi	lity for performing transactions and receiving confin	matione
and mo	onthly statements under the Participation A	greement.	primary responsible	my for portonning transactions and receiving comm	nations
Annual Control of the local Co	ueline Hathorn			and the state of t	
Name	San and although the Dorland	100 110 1 1			
This lin	tion and at the option of the Participant, one nited representative cannot perform transact ng information.	additional Authorized Re ions. If the Participant de	presentative can be sires to designate a	e designated to perform only inquiry of selected inforn representative with inquiry rights only, complete the	nation.
	0				
Name		Titl	е		
Phone	Fax		Email		
	That this Resolution and its authorization s Participant Services receives a copy of any at its regular/special meeting held on the	hall continue in full force such amendment or re day of	and effect until am vocation. This Resc	nended or revoked by the Participant, and until TexF plution is hereby introduced and adopted by the Par	ool ticipant
Note: E or Cou	ocument is to be signed by your Board nty Clerk.	President, Mayor or Co	ounty Judge and a	ittested by your Board Secretary, City Secretary	
City o	of Grand Prairie				
Name of	Participant*	The second secon	NAME OF THE PARTY	Shock and State of Control of Con	
SIGNE			ATTEST	sing & O'Mario	
Signature	or b	The state of the s	Signature*	and the state of t	
	Kon Jewsen	AND GRANT HOLD TO PROPERTY AND	Cathe	rine E. D: Maggio	
Printed N	lame*	ı	Printed Name*	Secretary	
Title*	Mayor	LICERCHICAL CONTRACTOR	Title*	Secretary	
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9 1161	ing Instructions				AND DESCRIPTION OF THE PERSON

2. Mailing Instructions

The completed Resolution Amending Authorized Representatives can be faxed to TexPool Participant Services at 1-866-839-3291, and mailed to:

TexPool Participant Services 1001 Texas Avenue, Suite 1400 Houston, TX 77002



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95	ant Name*			Location Number*	
	ipant") is a local government of the State of Texas and is empower act as custodian of investments purchased with local investment fu		a public funds	s investment pool the authority	to invest funds
	EAS, it is in the best interest of the Participant to invest local funds ,, and yield consistent with the Public Funds Investment Act; and	in investments th	at provide for	the preservation and safety of	principal,
entities	EAS, the Texas Local Government Investment Pool ("TexPool/ Texp whose investment objective in order of priority are preservation an nent Act.	oool Prime"), a pu d safety of princi	iblic funds inv pal, liquidity, a	estment pool, were created on nd yield consistent with the Pul	behalf of olic Funds
NOWT	HEREFORE, be it resolved as follows:				
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	That the Participant may by Amending Resolution signed by the Pa Representative is an officer, employee, or agent of the Participant;	articipant add an <i>i</i>	Authorized Re	presentative provided the addit	ional Authorized
	Authorized Representative(s) of the Participant. Any new individual Participant Services.	ls will be issued p	ersonal identi	fication numbers to transact bu	siness with
1.	Diana Ortiz	CFO	8		
	Name	Title			
	9 7 2 2 3 7 8 0 9 0 9 7 2 2 3 7	8 0 8 0	dortiz@g	gptx.org	Production
,	Phone // Fax		Email		
	Wian & Citiz				
	Signature		A PARTY OF THE PAR	PHONON PARENTAL PROPERTY OF THE PARENTAL PARENTAL PROPERTY OF THE PARENTAL	
1	Becky Brooks	Asst. CFC	Y		l l
	Name	Title			
1	9 7 2 2 3 7 8 0 9 9 1 9 7 2 2 3 7		hhrooks	@gptx.org	1
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1	Jacqueline Hathorn	Treasury /	Analyet		1
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٦	Meccuelire Halhoen Ignatule	***************************************	OF ALTERNATION AND ADDRESS OF THE OFFICE AND ADDRESS OF THE OFFICE		

1 P	esolution (continued)			
U. IX				
4.	Brady Olsen		Treasury	& Debt Manager
	Name	1	Title	Section Control of Con
	9722378099	9 7 2 2 3 7	7 8 0 8 0	bolsen@gptx.org
	Phone I A	Fax		Email
	Signature		ACTA ACTA CONTRACTOR STREET, S	THE PROPERTY OF THE PROPERTY O
11.00	•		3	
and me	e name of the Authorized Representative lis onthly statements under the Participation A	ted above that will have greement.	primary responsibi	ility for performing transactions and receiving confirmations
Jacq	ueline Hathorn			
Name			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	and the second of the second o
This lin	tion and at the option of the Participant, one nited representative cannot perform transact ig information.	additional Authorized Re ions. If the Participant de	epresentative can be esires to designate a	e designated to perform only inquiry of selected information. a representative with inquiry rights only, complete the
Name		Titl	е	
		And a second		
Phone	Fax	The state of the s	Email	The state of the s
	That this Resolution and its authorization s Participant Services receives a copy of any at its regular/special meeting held on the	hall continue in full force such amendment or re day of	e and effect until am vocation. This Reso	nended or revoked by the Participant, and until TexPool plution is hereby introduced and adopted by the Participant , 2 0 .
Note: D	ocument is to be signed by your Board nty Clerk.	President, Mayor or Co	ounty Judge and a	attested by your Board Secretary, City Secretary
City o	f Grand Prairie			
Name of	Participant		THE PERSON NAMED OF THE PE	The state of the s
SIGNED			ATTEST	
1			Carlo	There & Di Margin)
Signature		The state of the s	Signature*	
	Non Jensen	TOWN TO STATE STREET, ASSOCIATION ASSOCIATION	Cath	perine E. Di Maggio
Printed N	ame*		I lilled Name	The second secon
	Mayor	ORANGE CONTROL OF THE PARTY OF	City	Secretary
Title*			Title*	
2. Maili	ing Instructions	中华 医生产 医乳毒素	10000000000000000000000000000000000000	FOR STATE OF

The completed Resolution Amending Authorized Representatives can be faxed to TexPool Participant Services at 1-866-839-3291, and mailed to:

TexPool Participant Services 1001 Texas Avenue, Suite 1400 Houston, TX 77002



Authorized Representative Deletion/Update Form

Please complete this form to delete Authorized Representative(s) of the Participant. *Required Fields					
1. Participant Information					
City of Grand Prairie Participant Name*	7 8 1 9 5 0 5 3 1 2 0 1 9 Location Number* Effective Date*				
2. Deletions	在10年至1000年至1000年至1000年1月1日 - 1000年1月1日 - 1000年1日 -				
Please print the name(s) of the individual(s) to be deleted: As Authorized Representative(s): 1. Diana Ortiz 2.	As Inquiry Only Representative(s): 1				
3. Primary Contact	3.				
If the person being deleted is the Primary Contact, please complete all field	s in this section for the TexPool Authorized Representative that will be the the daily transaction confirmations, monthly statements, monthly newsletter,				
Name Title					
Telephone Number Fax Number	Email Address				
4. Inquiry Only	克里斯特克克斯克里克斯克斯克斯特斯特克斯克斯克斯				
If the person being deleted is an Inquiry Only Representative, please complicapacity. Please note: Inquiry Only Representatives cannot perform transactives.					
Name Title					
Telephone Number Fax Number	Email Address				

5. Approvals	
Please enter the name of to	vo individuals who are current

Please enter the name of two individuals who are currently Authorized Representative	es and who authorize the deletion(s) of the individual(s) above.
Note: This authorization must be executed by a current Authorized Representative of	the Participant as set forth in the duly enacted Resolution of the
Participant, which is on file with TexPool.	
Car / las	0 5 3 1 2 0 1 9
Authorized Representative Signature*	Date*

Becky Brooks 9 7 2 2 3 7 8 0 9 9 Printed Name* CFO

Title* 0 | 5 | 3 | 1 | 2 | 0 | 1 | 9 | Authorized Representative Signature Jacqueline Hathorn 9 7 2 2 3 7 8 1 1 4

Printed Name* Telephone Number Treasury Anaylist

6. Mailing Instructions

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Please complete this form to delete Authorized Representative(s) of the *Required Fields	ne Participant.
1. Participant Information	。 第15章 115章 115章 115章 115章 115章 115章 115章
City of Grand Prairie Epic Participant Name*	7 8 1 9 5 0 5 3 1 2 0 1 9 Location Number* Effective Date*
2. Deletions	
Please print the name(s) of the individual(s) to be deleted: As Authorized Representative(s): 1. Diana Ortiz 2. 3. Primary Contact	As Inquiry Only Representative(s): 1
If the person being deleted is the Primary Contact, please complete all field	s in this section for the TexPool Authorized Representative that will be the the daily transaction confirmations, monthly statements, monthly newsletter,
Name Title	
Telephone Number Fax Number	Email Address
4. Inquiry Only	
If the person being deleted is an Inquiry Only Representative, please compl capacity. Please note: Inquiry Only Representatives cannot perform transac	ctions.
Telephone Number Fax Number	Email Address

-						1
5.	А	р	p	ro	va	E
		ua	Lie			late of

Please enter the name of two individuals who are currently Authorize	d Representatives and who authorize the deletion(s) of the individual(s) above.
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Note: This authorization must be executed by a current Authorized Representative of the Participant as set forth in the duly enacted Resolution of the Participant, which is en file with TexPool

he the	0 5 3 1 2 0 1 9
Authorized Representative Signature*	Date*
Becky Brooks	[9]7[2]2]3[7]8]0 9]9
Printed Name*	Telephone Number
CFO	
Title*	

Treasury Anaylist

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