

1. Resolution (continued)

4. N/A _____
 Name Title

 Phone Fax Email

 Signature

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.

D'Ann Tompkins _____
 Name

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.

 Name Title

 Phone Fax Email

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 of _____, 20__.

Note: Document is to be signed by your Board President, Mayor or County Judge and attested by your Board Secretary, City Secretary or County Clerk.

City of Lewisville, TX _____
 Name of Participant*

SIGNED

 Signature*
TJ Gilmore _____
 Printed Name*
Mayor _____
 Title*

ATTEST

 Signature*
Jennifer Malone-Ippolito _____
 Printed Name*
City Secretary _____
 Title*

2. Delivery Instructions

Please return this document to **TexPool Participant Services:**
Email: texpool@dstsystems.com
Fax: 866-839-3291