Office of the
State Treasurer

Public Entity Resolution

1. Certification of Authorized Individuals

I, Dina Mason Walters (Name) hereby certify that the following are authorized: to add or delete users to access and/or transact with PTIF accounts; to add, delete, or make changes to bank accounts tied to PTIF accounts; to open or close PTIF accounts; and to execute any necessary forms in connection with such changes on behalf of Town of Apple Valley (Name of Legal Entity). Please list at least two individuals. Each individual must have a unique email.

Name	Title	Email	Signature(s)
Dina Mason Walters	Mayor	mwalters@applevalleyut.gov	
Robin Whitmore	Treasurer	rwhitmore@applevalleyut.gov	

The authority of the named individuals to act on behalf of Town of Apple Valley (Name of Legal Entity) shall remain in full force and effect until written revocation from Town of Apple Valley (Name of Legal Entity) is delivered to the Office of the State Treasurer.

2. Signature of Authorization

I, the undersigned, Mayor (Title) of the above named entity, do hereby certify that the forgoing is a true copy of a resolution adopted by the governing body for banking and investments of said entity on the 3 day of January, 20 22, at which a quorum was present and voted; that said resolution is now in full force and effect; and that the signatures as shown above are genuine.

Signature	Date	Printed Name	Title
		Dina Mason Walters	Mayor

STATE OF UTAH)
§
COUNTY OF _____)

Subscribed and sworn to me on this 3 day of January, 20 22 , by Dina Mason Walters (Name), as Mayor (Title) of Town of Apple Valley (Name of Entity), proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature_____

(seal)