

1. Certification of Authorized Individuals

I, <u>Robin Whitmore</u> (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 <u>Town of Apple Valley</u> (Name of Legal Entity). Please list at least two individuals. Each individual must have a unique email.

Name	Title	Email	Signature(s)
Robin Whitmore	Treasurer	rwhitmore@applevalleyut.gov	
Michael Lee Farrar	Mayor	mayor@applevalleyut.gov	

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

2. Signature of Authorization

I, the undersigned, <u>Treasurer</u> (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 <u>20</u> day of <u>February</u>, 20<u>24</u>, 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	e Title	
		Robin Whitmore	Treasurer	
STATE OF UTAH)		
COUNTY OF)		
Subscribed and sworn t		day of _ ^{February}	, 20_ ²⁴ , by	
Robin Whitmore	(Name), as	Treasurer	(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 r	ne.	

Signature____

(seal)