## State Treasurer

## 1. Certification of Authorized Individuals

I, Michael Lee Farrar (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 $\qquad$ (Name of Legal Entity). Please list at least two individuals. Each individual must have a unique email.

| Name | Title | Email | Signature(s) |
| :--- | :--- | :--- | :--- |
| Michael Lee Farrar | Mayor | mayor@applevalleyut.gov |  |
| Kevin Sair | Treasurer | ksair@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 24 day of April $\qquad$ , 202024 , 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 Michael Lee Farrar

Mayor

## STATE OF UTAH

COUNTY OF Washington )

Subscribed and sworn to me on this $\qquad$ day of $\qquad$ , 20 $\qquad$ , by
$\qquad$ (Name), as $\qquad$ (Title) of (Name of Entity), proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.
$\qquad$

