

1. Certification of Authority Michael Lee Far			tify that the follo	owing are authorized:	
to add or delete users to	access and/or tra		•	•	
to bank accounts tied to F	PTIF accounts; to	o open or close PTIF ac	ccounts; and to	execute any	
necessary forms in conne	ection with such o	changes on behalf of _			
(Name of Legal Entity). P	lease list at leas	t two individuals. Each	individual must	have a unique email.	
Name	Title	Email		Signature(s)	
Michael Lee Farrar	Mayor	mayor@	mayor@applevalleyut.gov		
Kevin Sair	Treasurer	ksair@a	ksair@applevalleyut.gov		
(Name of Legal Entity) sh	all remain in full	uals to act on behalf of force and effect until we have to the	ritten revocatio	n from	
I, the undersigned, that the forgoing is a true investments of said entity was present and voted; the shown above are genuine.	Mayor copy of a resolu on the $\frac{24}{1}$ nat said resolution	day of April	verning body fo , 20 ²⁰²⁴	r banking and _, at which a quorum	
Signature	Date	Printed Name		Title	
		Michael Lee Farr		Mayor	
STATE OF UTAH COUNTY OF Washington) § _)			
Subscribed and sworn to me on this (Name), as				by	
				on the basis of	
satisfactory evidence to be					
		Signature			
(seal)					