

1. Certification of Aut				
I, Michael Lee Farrar (Name) hereby certify that the following are authorize to add or delete users to access and/or transact with PTIF accounts; to add, delete, or make characteristics.				
			<u>-</u>	
	•	to open or close PTIF accounts		
•		changes on behalf of	· · · · · · · · · · · · · · · · · · ·	
(Name of Legal Entity).	Please list at leas	st two individuals. Each individ	ual must have a unique email.	
Name	Title	Email	Signature(s)	
Michael Lee Farrar	Mayor	mayor@applevalleyut.gov		
Kevin Sair	Treasurer	ksair@applevalleyut.gov		
(Name of Legal Entity)	shall remain in ful	uals to act on behalf of Big Pla I force and effect until written re Entity) is delivered to the Office	evocation from	
that the forgoing is a truinvestments of said enti	te copy of a resoluty on the 24 that said resolution	(Title) of the above naution adopted by the governing day of April, 2 on is now in full force and effec	body for banking and 0.2024 , at which a quorum	
Signature	Date	Printed Name	Title	
	Date	Michael Lee Farrar	Mayor	
STATE OF UTAH) §		
COUNTY OF Washington	n)		
Subscribed and sworn to me on this				
		(T		
		(Name of Entity), prove	d to me on the basis of	
satisfactory evidence to	be the person(s)	who appeared before me.		
		Signature		
(seal)		- 1 <u>0</u>		