

Resolution Amending **Authorized Representatives**

Please complete this form to amend or designate Authorized Representatives. This document supersedes all prior Authorized Representative forms.

* Required Fields

Signature

1. Resolution

WHEREAS,

New	Braunfels Utilities	7 7 2 9 9		
Partici	ipant Name*	Location Number*		
("Par to inv	ticipant ") is a local government of the State of Texas and is empowered to delegate to rest funds and to act as custodian of investments purchased with local investment funds	a public funds investment po and	ool the authority	
WHE princ	REAS , it is in the best interest of the Participant to invest local funds in investments tha ipal, liquidity, and yield consistent with the Public Funds Investment Act; and	provide for the preservation	and safety of	
beha	REAS , the Texas Local Government Investment Pool (" TexPool / Texpool Prime "), a poll of entities whose investment objective in order of priority are preservation and safety the Public Funds Investment Act.	blic funds investment pool, v of principal, liquidity, and yiel	vere created on d consistent	
NOW	THEREFORE, be it resolved as follows:			
A.	A. That the individuals, whose signatures appear in this Resolution, are Authorized Representatives of the Participant and are each hereby authorized to transmit funds for investment in TexPool / TexPool Prime and are each further authorized to withdraw funds from time to time, to issue letters of instruction, and to take all other actions deemed necessary or appropriate for the investment of local funds.			
В.	3. That an Authorized Representative of the Participant may be deleted by a written instrument signed by two remaining Authorized Representatives provided that the deleted Authorized Representative (1) is assigned job duties that no longer require access to the Participant's TexPool / TexPool Prime account or (2) is no longer employed by the Participant; and			
C.	C. That the Participant may by Amending Resolution signed by the Participant add an Authorized Representative provided the additional Authorized Representative is an officer, employee, or agent of the Participant;			
List the	ne Authorized Representative(s) of the Participant. Any new individuals will be issued persess with TexPool Participant Services.	rsonal identification numbers	to transact	
1.	Dawn Schriewer Chief Financial Off	chriewer Chief Financial Officer		
	Name Title			
		ver@nbutexas.com		
	Phone Fax Email			
	Signature			
2.	John Warren Finance Manager			
۷.	Name Title			
	8 3 0 6 2 9 8 4 2 6 jwarren	nbutexas.com		
	Phone Fax Email			
	Signature		_	
3.	Thomas Varner Financial Analyst I			
		nbutexas.com	I	
	Phone Fax Email	STIDUIGNAS.COITI		

Form Continues on Next Page 1 of 2

1. Resolution (continued)				
4. Amy Chapple	Financial Analyst I			
Name	Title			
8 3 0 3 1 2 7 9 3 3	achapple@nbutexas.com			
Phone Fax	Email			
Signature				
List the name of the Authorized Representative listed above that will have primary responsibility for performing transactions and receiving confirmations and monthly statements under the Participation Agreement.				
John Warren				
Name				
In addition and at the option of the Participant, one additional Authorized Representative can be designated to perform only inquiry of selected information. This limited representative cannot perform transactions. If the Participant desires to designate a representative with inquiry rights only, complete the following information.				
Ashley Van Booven Di	rector of Finance			
Name Title				
8 3 0 6 2 9 8 4 5 6	avanbooven@nbutexas.com			
Phone Fax	Email			
D. That this Resolution and its authorization shall continue in full force and effect until amended or revoked by the Participant, and until TexPool Participant Services receives a copy of any such amendment or revocation. This Resolution is hereby introduced and adopted by the Participant at its regular/special meeting held on the 3 0 day of March , 2 0 2 3 .				
Note: Document is to be signed by your Board President, Mayor or County Judge and attested by your Board Secretary, City Secretary or County Clerk.				
New Braunfels Utilities				
Name of Participant*				
SIGNED	ATTEST			
Signature*	Signature*			
Dr. Judith Dykes-Hoffmann	an Taylor			
Printed Name*	Printed Name*			
Board President	Board Secretary			
Title*	Title*			

TEX-REP

2. Delivery Instructions

Please return this document to **TexPool Participant Services**:

Email: texpool@dstsystems.com

Fax: 866-839-3291

2 OF 2