

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.

Name: Ron Wood
Email: rwood@cityofllano.com Fax Number: 325-247-4150

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.

5. Name Erica Berry Title City Manager

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 meeting held on the 4th day of January 2022.

NAME OF PARTICIPANT: City of Llano

BY: Gail Lang
Signature

Gail Lang
Printed Name

Mayor
Title

ATTEST: Brenda Poe
Signature

Brenda Poe
Printed Name