



**Authorized Representative Add Form**

Name of Participant College Station ISD

**Addition of Authorized Representative**

The following officers, officials, or employees of the Participant are hereby designated as Authorized Representatives within the meaning of the Inter-local Agreement (Agreement), with full power and authority to execute the Agreement and any other documents, as may be required to deposit money to and withdraw money from the Participant's Lone Star Investment Pool (Lone Star) account from time to time in accordance with the Agreement and the Information Statement and take all other actions deemed necessary or appropriate for the investment of local funds of the Participant:

	Rep #1	Rep #2	Rep #3
Printed Name	<u>Clark Ealy</u>	<u>Sarah Oakley</u>	_____
Title	<u>Superintendent</u>	<u>Administrative Assistant</u>	_____
E-mail address	<u>cealy@csisd.org</u>	<u>soakley@csisd.org</u>	_____
Signature	<u></u>	<u></u>	_____

In accordance with Lone Star procedures, an Authorized Representative shall promptly notify Lone Star of any changes in who is serving as Authorized Representative.

In addition to the foregoing Authorized Representative, each Investment Officer of Lone Star appointed by the Lone Star Investment Pool Board of Trustees from time to time is hereby designated as an investment officer of the Government Entity and, as such, shall have responsibility for investing the share of Lone Star assets representing local funds of the Government Entity.

PASSED AND APPROVED this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

By: \_\_\_\_\_

By: \_\_\_\_\_

Valerie Jochen

Jeff Harris

*Printed Name, Board President*

*Printed Name, Board Secretary*

State of Texas,

County of \_\_\_\_\_

Before me, \_\_\_\_\_, on this day personally appeared \_\_\_\_\_, known to  
*(name of notary)* *(name of President and Secretary)*

me (or proved to me on the oath of \_\_\_\_\_) or through \_\_\_\_\_ to be the person(s)  
*(person providing oath)* *(identification item)*

whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

(Personalized Seal)

\_\_\_\_\_  
*Notary Public's Signature*



**Authorized Representative Delete Form**

Name of Participant College Station ISD

**Deletion of Authorized Representative**

The following officers, officials, or employees of the Participant are hereby deleted as Authorized Representatives within the meaning of the Interlocal Agreement (Agreement), removing full power and authority to execute the Agreement and any other documents, as may be required to deposit money to and withdraw money from the Participant's Lone Star Investment Pool account.

**Printed Name**

Eddie Coulson

Carla Merritt

\_\_\_\_\_

**Signature of Authorized Representative other than the one(s) listed above:**

Carmella Shafer Date 7-22-14

Carmella Shafer, Accounting Coordinator

*Printed Name and Title*