



## **AMENDING RESOLUTION**

WHEREAS, City of Coppell

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(the "Government Entity") by authority of the Application for Participation in TexSTAR (the "Application") has entered into an Interlocal Agreement (the "Agreement") and has become a participant in the public funds investment pool created there under known as TexSTAR Short Term Asset Reserve Fund ("TexSTAR");

WHEREAS, the Application designated on one or more "Authorized Representatives" within the meaning of the Agreement;

WHEREAS, the Government Entity now wishes to update and designate the following persons as the "Authorized Representatives" within the meaning of the Agreement;

NOW, THEREFORE, BE IT RESOLVED:

SECTION 1. The following officers, officials or employees of the Government Entity specified in this document are hereby designated as "Authorized Representatives" within the meaning of the Agreement, with full power and authority to open accounts, to deposit and withdraw funds, to agree to the terms for use of the website for online transactions, to designate other authorized representatives, and to take all other action required or permitted by Government Entity under the Agreement created by the application, all in the name and on behalf of the Government Entity.

SECTION 2. This document supersedes and replaces the Government Entity's previous designation of officers, officials or employees of the Government Entity as Authorized Representatives under the Agreement

SECTION 3. This resolution will continue in full force and effect until amended or revoked by Government Entity and written notice of the amendment or revocation is delivered to the TexSTAR Board.

SECTION 4. Terms used in this resolution have the meanings given to them by the Application.

**Authorized Representatives.** Each of the following Participant officials is designated as Participant's Authorized Representative authorized to give notices and instructions to the Board in accordance with the Agreement, the Bylaws, the Investment Policy, and the Operating Procedures:

1. Name: Kim Tiehen Title: Director of Finance  
Signature: [REDACTED] Phone: 972-304-3693  
Email: ktiehen@coppelltx.gov

2. Name: Vanessa Tarver Title: Controller  
Signature: [REDACTED] Phone: 972-304-3690  
Email: vtarver@coppelltx.gov

3. Name: Mary Huning Title: Chief Accountant  
Signature: [REDACTED] Phone: 972-304-3556  
Email: mhuning@coppelltx.gov

4. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**{REQUIRED} PRIMARY CONTACT:** List the name of the Authorized Representative **listed above** that will be designated as the Primary Contact and will receive all TexSTAR correspondence including transaction confirmations and monthly statements

Name: Kim Tiehen

**{OPTIONAL} INQUIRY ONLY CONTACT:** In addition, the following additional Participant representative (**not listed above**) is designated as an **Inquiry Only** Representative authorized to obtain account information:

Name: Michael Land Title: City Manager  
Signature: \_\_\_\_\_ Phone: 972-304-3662  
Email: mland@coppelltx.gov

Participant may designate other authorized representatives by written instrument signed by an existing Participant Authorized Representative or Participant's chief executive officer.

DATED April 26, 2022

**\*REQUIRED\***  
**PLACE OFFICIAL SEAL OF ENTITY HERE**

\_\_\_\_\_  
(NAME OF PARTICIPANT)

SIGNED BY: \_\_\_\_\_  
(Signature of official)

Wes Mays, Mayor  
(Printed name and title)

ATTESTED BY: \_\_\_\_\_  
(Signature of official)

Ashley Owens, City Secretary  
(Printed name and title)

**FOR INTERNAL USE ONLY**

**APPROVED AND ACCEPTED: TEXAS SHORT TERM ASSET RESERVE FUND**

.....  
**AUTHORIZED SIGNER**

**ADDITION/DELETION FORM  
FOR AUTHORIZED REPRESENTATIVES**



PARTICIPANT NAME: City of Coppell EFFECTIVE DATE: 3/1/2022

**PART I: DELETIONS - Please enter the Authorized Representatives to be deleted.**

1. Jennifer Miller 3. \_\_\_\_\_  
2. \_\_\_\_\_ Inquiry: \_\_\_\_\_

**PART II: ADDITIONS - Please enter the Authorized Representatives to be added.**

1. Name: Vanessa Tarver Email: vtarver@coppelltx.gov  
Signature: \_\_\_\_\_ Phone: 970-304-3690 Title: Controller  
2. Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Title: \_\_\_\_\_  
3. Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Title: \_\_\_\_\_

**PART III: APPROVALS - Please enter the names of all currently Authorized Representatives to authorize the deletions and additions of the individuals above.**

1. Name: Kim Tiehen  
Signature: \_\_\_\_\_  
Title: Director of Finance  
2. Name: Mary Huning  
Signature: \_\_\_\_\_  
Title: Chief Accountant  
3. Name: Michael Land  
Signature: \_\_\_\_\_  
Title: City Manager  
4. Name: Wes Mays  
Signature: \_\_\_\_\_  
Title: Mayor

**Official Seal of Participant  
\*(REQUIRED)\***

**\*REQUIRED\***

**Attested By:** \_\_\_\_\_  
**Printed Name:** \_\_\_\_\_  
**Title:** \_\_\_\_\_

**Document with original signatures is required.**

Mail originals to TexSTAR Participant Services \* 717 N Harwood St., Suite 3400, Dallas, TX 75201

## ADDITION/DELETION FORM FOR AUTHORIZED REPRESENTATIVES



**PART IV: PRIMARY CONTACT [required]** - If the Primary Contact on file with TexSTAR was deleted in Part I of this form, please provide the name of the Authorized Representative that will be the Primary Contact. The Primary Contact is the individual who will receive the daily transaction confirmations, monthly statements, monthly newsletter, TexSTAR updates and other program mailings.

Name: Kim Tiehen  
Email Address: ktiehen@coppelltx.gov  
Phone Number: 972-304-3693

**PART V: INQUIRY ONLY [optional]** - If an Inquiry Only Representative was deleted in Part I and you wish to replace this representative or add an inquiry only representative to your TexSTAR account for the first time, please list this individual below. This limited representative cannot make deposits or withdrawals or sign Bank Information Sheets.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

If you have any questions regarding this form or the Authorized Representatives currently on file with TexSTAR for your entity, please contact TexSTAR Participant Services at 1-800-839-7827.

**Document with original signatures is required.**

Forms with alterations (i.e. white out, mark out, etc.) will NOT be accepted  
Mail originals to TexSTAR Participant Services \* 717 N Harwood St., Suite 3400, Dallas, TX 75201