



3. Name: Sheila C. Moore Title: City Secretary  
Phone/Fax/Email: 830-693-3830 citysecretary@cottonwoodshores.org  
Signature: *Sheila C. Moore*

4. Name: Vicky Wilson Title: Accounting Manager  
Phone/Fax/Email: 830-693-3830 accounting@cottonwoodshores.org  
Signature: *Vicky Wilson*

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 Donald Orr

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: \_\_\_\_\_ Title: \_\_\_\_\_  
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 15th day August, 2013.

NAME OF PARTICIPANT: City of Cottonwood Shores, Texas

SIGNED: *[Signature]*  
Signature  
Donald Orr  
Printed Name  
Mayor  
Title



ATTEST: *Sheila C. Moore*  
Signature  
Sheila C. Moore  
Printed Name  
City Secretary  
Title

**This document supersedes all prior Authorized Representative designations.**