Resolution Amending Authorized Representatives

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

*** Required Fields**

1. Resolution

WHEREAS,

FREESTONE COUNTY | 7 7 5 0 1

Participant Name* | Location Number*

("**Participant**") is a local government of the State of Texas and is empowered to delegate to a public funds investment pool the authority to invest funds and to act as custodian of investments purchased with local investment funds; and

WHEREAS, it is in the best interest of the Participant to invest local funds in investments that provide for the preservation and safety of principal, liquidity, and yield consistent with the Public Funds Investment Act; and

WHEREAS, the Texas Local Government Investment Pool ("**TexPool / Texpool Prime**"), a public funds investment pool, were created on behalf of entities whose investment objective in order of priority are preservation and safety of principal, liquidity, and yield consistent with the Public Funds Investment Act.

NOW THEREFORE, be it resolved as follows:

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.

B. 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. 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 Authorized Representative(s) of the Participant. Any new individuals will be issued personal identification numbers to transact business with TexPool Participant Services.

1. MANDY CHAVERS — Name | COUNTY TREASURER — Title

9 0 3 3 8 9 2 1 8 0 — Phone | 9 0 3 3 8 9 5 8 9 4 — Fax | treasurer@co.freestone.tx.us — Email

M J Chavers — Signature

2. LLOYD LANE — Name | COUNTY JUDGE — Title

9 0 3 3 8 9 3 3 3 5 — Phone | Fax | fscj@co.freestone.tx.us — Email

Signature

3. KELSEY ATKINSON — Name | COUNTY AUDITOR — Title

9 0 3 3 8 9 3 5 3 5 — Phone | Fax | auditor@co.freestone.tx.us — Email

Kelsey Atkinson — Signature

Form Continues on Next Page

1. Resolution (continued)

4. Name | Title

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.

MANDY CHAVERS
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.

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 ___ day of _____, 20__.

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.

FREESTONE COUNTY
Name of Participant*

SIGNED

Signature*

LLOYD LANE
Printed Name*

COUNTY JUDGE
Title*

ATTEST

Renee Gregory
Signature*

RENEE GREGORY
Printed Name*

COUNTY CLERK
Title*

2. Delivery Instructions

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

Email: texpool@dstsystems.com

Fax: 866-839-3291

FILED FOR RECORD
At 9 o'clock A M

JAN 28 2026

RENEE GREGORY
Clerk County Court, Freestone County, Texas
By Renee Gregory

COMMISSIONERS COURT FREESTONE COUNTY TEXAS

TEX-REP

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TexSTAR

AMENDING RESOLUTION

WHEREAS, Freestone County

(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 Assert 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: Mandy Chavers Title: County Treasurer
   Signature: Mandy Chavers Phone: 903-389-2180
   Email: treasurer@co.freestone.tx.us

2. Name: Lloyd Lane Title: County Judge
   Signature: Phone: 903-389-3335
   Email: fscj@co.freestone.tx.us

3. Name: Kelsey Atkinson Title: County Auditor
   Signature: Kelsey Atkinson Phone: 903-389-3535
   Email: auditor@co.freestone.tx.us

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: Mandy Chavers

{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: _____ Title: _____

Signature: _____ Phone: _____

Email: _____

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

DATED 01/28/2026

REQUIRED
PLACE OFFICIAL SEAL OF ENTITY HERE

COMMISSIONERS COURT
FREESTONE COUNTY, TEXAS

Freestone County
(NAME OF PARTICIPANT)

SIGNED BY: _____
(Signature of official)

Lloyd Lane - County Judge
(Printed name and title)

ATTESTED BY: Renee Gregory
(Signature of official)

Renee Gregory - County Clerk
(Printed name and title)

FOR INTERNAL USE ONLY
APPROVED AND ACCEPTED: TEXAS SHORT TERM ASSET RESERVE FUND

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AUTHORIZED SIGNER