

APPLICATION FOR PARTICIPATION IN LOGIC

The undersigned local government (Applicant) applies and agrees to become a Participant in the Local Government Investment Cooperative (LOGIC) Trust.

1.		duly authorized this application by adopting the following ed, noticed, and held in accordance with the Texas Open, 20:	
		unit ("Applicant") to invest its funds jointly with other Texas nent Cooperative (LOGIC) Trust in order better to preserve d to earn an acceptable yield; and	
	WHEREAS, Applicant is authorized to invest its public fun the Participation Agreement and Trust Instrument authorized	ds and funds under its control in LOGIC and to enter into zed herein;	
	Now, Therefore, Be it Resolved That:		
	Applicant specified in the application are authorized to deposit and withdraw funds, to agree to the terms for us	GIC attached to this resolution is approved. The officers of execute and submit the application, to open accounts, to e of the website for online transactions, to designate other required or permitted by Applicant under the Agreement of Applicant.	
	Section 2. This resolution will continue in full force and effect until amended or revoked by Applicant and written notice of the amendment or revocation is delivered to the LOGIC Board of Trustees.		
	Section 3. Terms used in this resolution have the meanings given to them by the application."		
2.	Agreement. Applicant agrees with other LOGIC Participants and the LOGIC Board of Trustees to the terms and conditions in the Participation Agreement and Trust Instrument, effective on this date, which are incorporated herein by reference. Applicant makes the representations, designations, delegations, and representations described in the Participation Agreement and Trust Instrument.		
3.	Taxpayer Identification Number. Applicant's taxpayer identification number is 74-6001969		
4.	Contact Information. Applicant primary mailing address: 1801 Main S	t. Suite 460 Houston, TX 77002	
	Applicant physical address (if different): 1801 Main	St. Suite 460, Houston, TX 77002	
	Applicant main phone number: 713-232-1909		
	Applicant main fax number: 844-527-2686		
5.	Authorized Representatives. Each of the following Participant officials is designated as Participant's Authorized Representative authorized to give notices and instructions to the LOGIC Board of Trustees in accordance with the Agreement, the Bylaws, the Investment Policy, and the Operating Procedures:		
	1. Name: Ashley Reed	Title: Vice President	
	Signature: UshleyReel	Phone: 713-232-1909	
	O	Email: ashley.reed@amegybank.com	

2. Name: Andrea Abbott Title: Senior Vice President Phone: 713-232-6093 Signature: Email: andrea.abbott@amegybank.com Title: Vice President 3. Name: Robert Lozano Phone: 713-232-1919 Email: robert.lozano@amegybank.com Title: Vice President 4. Name: Jeffrey Dunbar Phone: 713-232-6098 Signature: Email: jeffrey.dunbar@amegybank.com {REQUIRED} PRIMARY CONTACT: List the name of the Authorized Representative listed above that will be designated as the Primary Contact and will receive all LOGIC correspondence including transaction confirmations and monthly statements. Name: Ashley Reed {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: Kellie Kucera Title: Asst Treas, Recon & Report Phone: 281-341-3756 Signature: Email: kellie.kucera2@fortbendcountytx.gov Applicant may designate other authorized representatives by written instrument signed by an existing Applicant Authorized Representative or Applicant's chief executive officer. **DATED** 2.14.2024 Texas Public Facility Corporation REQUIRED Fort Bend County - Trustee PLACE OFFICIAL SEAL OF ENTITY HERE (NAME OF ENTITY/APPLICANT) SIGNED BY: (Signature of official) KP George - Fort Bend County Judge (Printed name and title) ATTESTED BY: (Signature of official) Laura Richard - Fort Bend County Clerk (Printed name and title) FOR INTERNAL USE ONLY APPROVED AND ACCEPTED: LOCAL GOVERNMENT INVESTMENT COOPERATIVE (LOGIC)

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3. Name:	2. Name: Charmaine Hunter	Title: Vice President
A. Name:	Signature:	Phone: 713-232-6017
Signature:		Email: charmaine.hunter@amegybank.com
### A. Name:	3. Name:	Title:
4. Name:	Signature:	Phone:
Phone:		Email:
REQUIRED PRIMARY CONTACT: List the name of the Authorized Representative listed above that will designated as the Primary Contact and will receive all LOGIC correspondence including transaction confirmation and monthly statements. Name: Roptional Inquiry Only Contact: in addition, the following additional Participant representative (not list above) is designated as an Inquiry Only Representative authorized to obtain account information: Name: Relie Kücera Title: Asst Treasurer Records & Reconciliation Phone: 281-341-3756 Email: Kellie kücera2@fortbendcountytx.gov Applicant may designate other authorized representatives by written instrument signed by an existing Applicant Authorized Representative or Applicant's chief executive officer. DATED 2.14.2024 Texas Public Facility Corporating Texas Public Facility Corporating Fort Bend County - Trustee (Name of Entity/Applicant) Signature of official) KP George - Fort Bend County Judge (Printed name and title) ATTESTED BY: ATTESTED BY: ATTESTED BY: ATTESTED BY: ATTESTED BY: ATTESTED BY: ATTESTED BY: ATTESTED BY: Laura Richard - Fort Bend County Clerk	4. Name:	Title:
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