



1. Certification of Authorized Individuals

I, Karen Aston (Name) hereby certify that the following are authorized: to add or delete users to access and/or transact with PTIF accounts; to add, delete, or make changes to bank accounts tied to PTIF accounts; to open or close PTIF accounts; and to execute any necessary forms in connection with such changes on behalf of LUMEN SCHOLAR INSTITUTE (Name of Legal Entity). Please list at least two individuals. Each individual must have a unique email.

Table with 4 columns: Name, Title, Email, Signature(s). Rows include Karen Aston (Board President, kaston@lumenscholar.org), Kristy Gordon (Director, kgordon@lumenscholar.org), and Cathie Hurst (AW Controller, cathie@academicawest.com).

The authority of the named individuals to act on behalf of LUMEN SCHOLAR INSTITUTE (Name of Legal Entity) shall remain in full force and effect until written revocation from LUMEN SCHOLAR INSTITUTE (Name of Legal Entity) is delivered to the Office of the State Treasurer.

2. Signature of Authorization

I, the undersigned, Board President (Title) of the above named entity, do hereby certify that the forgoing is a true copy of a resolution adopted by the governing body for banking and investments of said entity on the 18 day of January, 2024, at which a quorum was present and voted; that said resolution is now in full force and effect; and that the signatures as shown above are genuine.

Table with 4 columns: Signature, Date, Printed Name, Title. Row: [Signature], 1/18/24, Karen Aston, Board President.

STATE OF UTAH)
COUNTY OF _____) §

Subscribed and sworn to me on this 18 day of January, 2024, by Karen Aston (Name), as Board President (Title) of LUMEN SCHOLAR INSTITUTE (Name of Entity), proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(seal)

Signature _____