

(seal)

1. Certification of A	<b>Authorized Individua</b>	als					
, Celeste Johns	(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 Heber Valley Special Service District							
				(Name of Legal Entit	y). Please list at least	t two individua <b>l</b> s. Each ind	lividual must have a unique email.
				Name	Title	Email	Signature(s)
Dennis M Gunn	District Manager	dgunn@hvssd.	org				
Tina Rodriguez	District Secretary	trodriguez@hv	trodriguez@hvssd.org				
The authority	of the named individu	uals to act on behalf of He	eber Valley Special Service District				
(Name of Legal Entit	y) shall remain in full	force and effect until writt	en revocation from				
Heber Valley Special Se	rvi <mark>⊞</mark> (Name of Legal E	Entity) is delivered to the 0	Office of the State Treasurer.				
O Ciamatura of Aut	de e vime 4i e ve						
2. Signature of Aut		ntrol Bo <del>st</del> (Title) of the char	ve named entity, do hereby certify				
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• •	• •		rning body for banking and				
	entity on the 23rd		, 20 <u>22</u> , at which a quorum effect; and that the signatures as				
•		ii is now iii iuli lorce and	enect, and that the signatures as				
shown above are ge	iuirie.						
Signature	Date	Printed Name	Title				
		Celeste Johnson	Administrative Control Board				
STATE OF UTAH		\					
STATE OF CTAIL		) 8					
COUNTY OF		_)					
Subscribed and swori	n to me on this <sup>23rd</sup>	_ day of <sup>June</sup>	_, 20 <u><sup>22</sup></u> , by				
Celeste Johnson	(Name), as _ <sup>Ad</sup>	day of _ <sup>June</sup> dministrative Control Board Cl <mark>e</mark>	₫ (Title) of				
Heber Valley Special Se	ervice District	(Name of Entity), p	roved to me on the basis of				
satisfactory evidence	to be the person(s) w	ho appeared before me.					
		Signature					