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William Shore Memorial Pool District

**225 E. 5th St.
Port Angeles, WA 98362
360-417-9767**

COMMISSIONERS

RANDY JOHNSON, BILL PEACH, ANNA MANILDI, CHERIE KIDD, MICHAEL MERIDETH

RESOLUTION 10-2018

RESOLUTION AUTHORIZING INVESTMENT OF WILLIAM SHORE POOL DISTRICT MONIES IN THE LOCAL GOVERNMENT INVESTMENT POOL

RECITALS

1. The William Shore Memorial Pool District (the "District"), is a duly organized and legally existing metropolitan park district organized under Chapter 35.61 RCW, and a "municipal corporation" of the State of Washington, incorporated pursuant to an approving vote of its residents on May 19, 2009 and certified on June 3, 2009. The District is located entirely within the County and is governed by a Board of District Commissioners (the "Board").
2. Pursuant to Chapter 294, Laws of 1986, the Legislature created a trust fund to be known as the public funds investment account (commonly referred to as the Local Government Investment Pool (LGIP)) for the contribution and withdrawal of money by an authorized governmental entity for purposes of investment by the Office of the State Treasurer.
3. From time to time it may be advantageous to the District to contribute funds available for investment in the LGIP.
4. The investment strategy for the LGIP is set forth in its policies and procedures.
5. Any contributions or withdrawals to or from the LGIP made on behalf of the governmental entity shall be first duly authorized by the District Board of Commissioner's or any designee of the governing body pursuant to this resolution, or a subsequent resolution.
6. The governmental entity will cause to be filed a certified copy of said resolution with the Office of the State Treasurer.
7. The governing body and any designee appointed by the governing body with authority to contribute or withdraw funds of the governmental entity has received and read a copy of the prospectus and understands the risks and limitations of investing in the LGIP.

The District Board attests by the signature of its members that it is duly authorized and empowered to enter into this agreement, to direct the contribution or withdrawal of governmental entity monies, and to delegate certain authority to make adjustments to the incorporated transactional forms, to the individuals designated herein.

NOW, THEREFORE, BE IT RESOLVED by the William Shore Pool District Board of Commissioners, in consideration of the above findings of fact:

1. The District Board does hereby authorize the contribution and withdrawal of governmental entity monies in the LGIP in the manner prescribed by law, rule, and prospectus.
2. The District Board has approved the Local Government Investment Pool Transaction Authorization Form (Exhibit A) as completed by Steven Burke, Executive Director and incorporates said form into this resolution by Exhibit and does hereby attest to its accuracy.
3. The District Board designates Charlie McClain, District Treasurer and Steven Burke, Executive Director, as "authorized individual" to authorize all amendments, changes, or alterations to the Form or any other documentation including the designation of other individuals to make contributions and withdrawals on behalf of the governmental entity.
4. This delegation ends upon the written notice, by any method set forth in the prospectus, of the District Board that the authorized individual has been terminated or that his or her delegation has been revoked. The Office of the State Treasurer will rely solely on the governing body to provide notice of such revocation and is entitled to rely on the authorized individual's instructions until such time as said notice has been provided.
5. The Form as incorporated into this resolution by Exhibit or hereafter amended by delegated authority, or any other documentation signed or otherwise approved by the authorized individual shall remain in effect after revocation of the authorized individual's delegated authority, except to the extent that the authorized individual whose delegation has been terminated shall not be permitted to make further withdrawals or contributions to the LGIP on behalf of the governmental entity. No amendments, changes, or alterations shall be made to the Form or any other documentation until the entity passes a new resolution naming a new authorized individual.
6. The District Board acknowledges that it has received, read, and understood the prospectus as provided by the Office of the State Treasurer. In addition, the District Board agrees that a copy of the prospectus will be provided to any person delegated or otherwise authorized to make contributions or withdrawals into or out of the LGIP and that said individuals will be required to read the prospectus prior to making any withdrawals or contributions or any further withdrawals or contributions if authorizations are already in place.

PASSED AND ADOPTED by the Board of the William Shore Pool District at a regular meeting thereof held this 26nd day of June, 2018. This resolution shall be in full force and effect after its adoption.

WSMPD BOARD OF COMMISSIONERS

ATTEST:


Rachelle Sires, Clerk


Bill Peach, President

Approved as of Form: **CM**
Craig Miller, District Counsel

LOCAL GOVERNMENT INVESTMENT POOL
TRANSACTION AUTHORIZATION FORM

Please fill out this form completely, including any existing information, as this form will replace the previous form.

Name of Entity: William Shore Memorial Pool District	Mailing Address: William Shore Pool District
Fax Number: N/A	225 E. 5 th St.
E-mail Contact: sburke@williamshorepool.org	Port Angeles, WA 98362

How do you wish to have your monthly LGIP statements faxed or emailed to the information listed above?

Please note – if you choose to receive statements via email, fax or U.S. Mail.

Email Fax U.S. Mail

Bank account where funds will be wired when a withdrawal is requested.

(Note: Funds will not be transferred to any account other than that listed).

Bank Name: Kitsap Bank
Branch Location: Port Angeles, WA
Bank Routing Number: 125102906
Account Number: 1751674918
Account Name: William Shore Pool District

Persons authorized to make deposits and withdrawals for the entity listed above.

Name	Title	Signature	Telephone Number
Steven D. Burke	Executive Director		360-460-3526
Charlie McClain	District Treasurer		360-457-3303

By signature below, I certify I am authorized to represent the institution/agency for the purpose of this transaction.

	Board President	<u>6/26/18</u>
<i>(Authorized Signature)</i>	<i>(Title)</i>	<i>(Date)</i>
Bill Peach	bpeach@co.clallam.wa.us.	360-417-9767
<i>(Print Authorized Signature)</i>	<i>(E-mail Address)</i>	<i>(Telephone number)</i>

Any changes to these instructions must be submitted in writing to the Office of the State Treasurer. Please mail this form to the address listed below:

OFFICE OF THE STATE TREASURER
LOCAL GOVERNMENT INVESTMENT POOL
PO BOX 40200
OLYMPIA, WA 98504-0200
FAX: (360) 902-9044

Date Received: ___ / ___ / ___
Fund Number: _____
<i>(for LGIP use only)</i>

State of Washington)
County of Clallam ss.

Signed or attested before me by William "Bill" Peach.
Date, this 26 day of June, 2018



Alanna A. Gores
Signature of Notary
Alanna A. Gores
Typed or printed name of Notary
Notary Public in and for the State of Wash.
My appointment expires: 12-6-2018

ALANNA A. GORES

LOCAL GOVERNMENT INVESTMENT POOL
ACH AUTHORIZATION FORM

Entity Name
William Shore Memorial Pool District

Address
225 E. 5th St.

City
Port Angeles, WA 98362

State Zip

Contact Person
Steven Burke

Title
Executive Director

Telephone Number
360-460-3526

E-mail Address
sburke@williamshorepool.org


I hereby authorize the WA Local Government Investment Pool (LGIP) to initiate credit entries to our () checking, () savings, () general ledger (select one) account indicated below at the depository financial institution named below and to credit the same to such account. LGIP is authorized to reverse the full amount of any credit made in error. If a reversal action is required, LGIP will notify the receiver of the error and reason for reversal. I acknowledge that the origination of ACH transactions to our account must comply with the provisions of U.S. law.

Depository Name
Kitsap Bank

Transit Routing Number
125102906

Account Number
1751674918

This authorization is to remain in full force and effect until LGIP has received written notification from us of its termination in such time and in such manner as to afford LGIP and the depository financial institution a reasonable opportunity to act on it.



Authorization (Print)
Steven Burke

Authorization Signature on Account

6/24/18

Title (Print)
Executive Director

Date

OFFICE OF THE STATE TREASURER
LOCAL GOVERNMENT INVESTMENT POOL
PO BOX 40200
OLYMPIA, WA 98504-0200
FAX: (360) 902-9044

Date Received: ____ / ____ / ____
Fund Number: _____
(for LGIP use only)

State of Washington)
County of **Clallam**)^{ss.}
Signed or attested before me by **Steven D Burke**
Dated this **26** day of **June**, 20**18**.



Alanna A. Gores

Signature of Notary
alanna a. Gores

Typed or printed name of Notary
Notary Public in and for the State of Wash.
My appointment expires: **12-6-18**

ALANNA A. GORES

OFFICE OF THE WASHINGTON STATE TREASURER
LOCAL GOVERNMENT INVESTMENT POOL and/Or REVENUE DISTRIBUTION
TREASURY MANAGEMENT SYSTEM (TM\$)
WEB CLIENT LOGON AUTHORIZATION FORM

Name of Entity: William Shore Memorial Pool District

Note: each Full access LGIP person must also be listed on the Transaction Authorization Form. Please fill out this form completely, including any existing information, as this form will replace the previous form.

TM\$ LGIP / Revenue Dist. Web access requested for the following

1. Add Delete Update No Change

LGIP: Full Access View only Rev Dist: View only only

2. Add Delete Update No Change

LGIP: Full Access View only Rev Dist: View

Name: Steven Burke	Name: Charlie McClain
Title: Executive Director	Title: District Treasurer
E-mail address: sburke@williamshorepool.org	E-mail address: charliem@olympen.com
Phone: 360-460-3526	Phone: 360-457-3303
OST Appr Date: UserID:	OST Appr Date: UserID:

3. Add Delete Update No Change

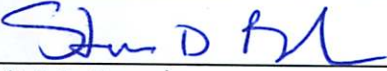
LGIP: Full Access View only Rev Dist: View only only

4. Add Delete Update No Change

LGIP: Full Access View only Rev Dist: View

Name:	Name:
Title:	Title:
E-mail address:	E-mail address:
Phone:	Phone:
OST Appr Date: UserID:	OST Appr Date: UserID:

By signature below, I certify I am authorized to represent the institution/agency for the purposes of this transaction.

	Executive Director	6/26/18
(Authorized Signature)	(Title)	(Date)
Steven Burke	sburke@williamshorepool.org	360-460-3526
(Print Authorized Name)	(E-mail address)	(Phone no.)

Any changes to these instructions must be submitted in writing to the Office of the State Treasurer. Please mail this form to the address listed below:

OFFICE OF THE STATE TREASURER
LOCAL GOVERNMENT INVESTMENT POOL
LEGISLATIVE BUILDING
P. O. BOX 40200
OLYMPIA WA 98504-0200
Fax: 360/902-9044

Date Received: _____ / _____ / _____
Fund Number: _____
OK'd by: _____
<i>(For OST use only)</i> 02/22/13