Exhibit B—Resolution of the Board to Designate Investment Officer(s)

WHEREAS Section 2256.005(f) of the Public Funds Investment Act (Texas Government Code Chapter 2256) requires the Board of Trustees of Ector County Independent School District to designate one or more officers or employees as investment officer of the District; and

WHEREAS the investment officer is responsible for the investment of the District's funds consistent with the District's investment policy;

NOW THEREFORE BE IT RESOLVED that the Board of Trustees of Ector County Independent School District designates Daniel Ruiz to serve as the investment officer of the District to invest District funds as directed by the Board.

The authority of the investment officer granted by this resolution is effective until rescinded by the District or the termination of the named individual's employment by the District.

Adopted this 16 *(date)* day of December *(month)*, 2025 *(year)*, by the Board of Trustees.

Presiding Officer

Secretary

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: Albessa Chavez Title: Chief Financial Officer
   Signature: Albessa Chavez Phone: 432-456-9491
   Email: albessa.chavez@ectorcountyisd.org

2. Name: Morgan Eaton Title: Director of Finance
   Signature: Morgan Eaton Phone: 432-456-0078
   Email: morgan.eaton@ectorcountyisd.org

3. Name: Daniel Ruiz Title: Assistant Director of Finance
   Signature: Daniel Ruiz Phone: 432-456-9701
   Email: daniel.ruiz@ectorcountyisd.org

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: Attn: Finance Director

{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: Dusty Baumann Title: Accounting Supervisor
Signature: Dusty Baumann Phone: 432-456-9691
Email: dusty.baumann@ectorcountyisd.org

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

DATED _December 16, 2025_

REQUIRED
PLACE OFFICIAL SEAL OF ENTITY HERE

Ector County ISD
(NAME OF PARTICIPANT)

SIGNED BY: Tammy Hawkins
(Signature of official)

Tammy Hawkins
(Printed name and title)

ATTESTED BY: Robert Thorn
(Signature of official)

Robert Thorn
(Printed name and title)

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

.....
AUTHORIZED SIGNER

TexSTAR

AMENDING RESOLUTION

WHEREAS, Ector County ISD

(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.

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,

ECTOR COUNTY ISD — Participant Name*

7 7 4 0 6 — 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. Albessa Chavez — Name; Chief Financial Officer — Title
   4 3 2 4 5 6 9 4 9 1 — Phone; 4 3 2 4 5 6 9 7 0 8 — Fax; albessa.chavez@ectorcountyisd.org — Email
   Albessa Chavez — Signature
2. Morgan Eaton — Name; Director of Finance — Title
   4 3 2 4 5 6 0 0 7 8 — Phone; 4 3 2 4 5 6 9 7 0 8 — Fax; morgan.eaton@ectorcountyisd.org — Email
   Morgan Eaton — Signature
3. Daniel Ruiz — Name; Assistant Director of Finance — Title
   4 3 2 4 5 6 9 7 0 1 — Phone; 4 3 2 4 5 6 9 7 0 8 — Fax; daniel.ruiz@ectorcountyisd.org — Email
   Daniel Ruiz — 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.

Attn: Finance Director
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.

Dusty Baumann — Name
Accounting Supervisor — Title

4 3 2 4 5 6 9 6 9 1 — Phone
4 3 2 4 5 6 9 7 0 8 — Fax
dusty.baumann@ectorcountyisd.org — 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 16 day of December, 2025.

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.

ECTOR COUNTY ISD
Name of Participant*

SIGNED
Signature*
Tammy Hawkins
Printed Name*
Board President
Title*

ATTEST
Signature*
Robert Thayer
Printed Name*
Board Secretary
Title*

2. Mailing Instructions

The completed Resolution Amending Authorized Representatives can be faxed to TexPool Participant Services at 1-866-839-3291, and mailed to:

TexPool Participant Services
1001 Texas Avenue, Suite 1150
Houston, TX 77002

Authorized Representative Add Form

Name of Participant Ector County Independent School District *Participant Number* 68901

Addition of Authorized Representative

In order to either (i) carry out the role of Investment Officer for the Participant or (ii) aid the Investment Officer of the Participant in the execution of his or her duties pursuant to Texas Government Code, Section 2256.003(c), as the case may be, the following officers, officials, employees, or contractors of the Participant are hereby designated as Authorized Representatives within the meaning of the Investment Agreement (Agreement). These designated Authorized Representatives have full power and authority to execute the Agreement and any other documents, as may be required to deposit money to and withdraw money from the Participant's Lone Star Investment Pool (Lone Star) account from time to time in accordance with the Agreement and the Information Statement, and take all other actions deemed necessary or appropriate for the investment of local funds of the Participant:

	Rep #1	Rep #2	Rep #3
Printed Name	Daniel Ruiz		
Title	Assistant Director of Finance		
E-mail address	daniel.ruiz@ectorcountyisd.org		
Signature	Daniel Ruiz		

In accordance with Lone Star procedures, an Authorized Representative shall promptly notify Lone Star of any changes in who is serving as Authorized Representative.

In addition to the foregoing Authorized Representatives, each Investment Officer of Lone Star appointed by the Lone Star Board of Trustees from time to time is hereby designated as an Investment Officer of the Government Entity and, as such, shall have responsibility for investing the share of Lone Star assets representing local funds of the Government Entity.

PASSED AND APPROVED this 16th day of December, 2025.

By: Tammy Hawkins
Tammy Hawkins
Printed Name, Board President

By: Robert Thayer
Robert Thayer
Printed Name, Board Secretary

State of Texas,

County of Ector

Before me, Mary Franco, on this day personally appeared Tammy Hawkins Robert Thayer, known to
(name of notary) *(name of President and Secretary)*

me (or proved to me on the oath of _____) or through _____ to be the person(s)
(person providing oath) *(identification item)*

whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this 16 day of December, 2025.

(Personalized Seal)
MARY I. FRANCO
Notary Public, State of Texas
Notary ID# 124300309
My Commission Expires 08-12-2026

Updated 6/25

Mary I. Franco
Notary Public's Signature