

RESOLUTION NO. 420

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF SHORELINE, WASHINGTON, AMENDING THE AUTHORIZED INDIVIDUAL FOR THE WASHINGTON STATE LOCAL INVESTMENT POOL.

WHEREAS, since the adoption of Resolution 44 on July 31, 1995, the City of Shoreline has participated in the Washington State Local Government Investment Pool (LGIP), a trust fund created pursuant to Chapter 294, Laws of 1986; and

WHEREAS, the LGIP permits the City to designate an individual to authorize all amendments, changes, or alternations to the Local Government Investment Pool Transaction Form ("LGIP Form") or any other documentation ("Authorized Individual"); and

WHEREAS, with the adoption of Resolution No. 361 on July 21, 2014, the City designated former-Administrative Services Director Robert Hartwig as the Authorized Individual; and

WHEREAS, the City has retained a new Administrative Services Director and therefore needs to terminate and revoke the prior designation;

NOW, THEREFORE, THE CITY COUNCIL OF THE CITY OF SHORELINE, WASHINGTON, HEREBY RESOLVES:

1. The City Council of the City of Shoreline hereby terminates and revokes the designation of Robert Hartwig as the Authorized Individual for the purpose of the LGIP.
2. The City Council of the City of Shoreline hereby designates Sara Lane, Administrative Services Director, as the Authorized Individual for the purpose of the LGIP. As the Authorized Individual, Ms. Lane has been delegated the authority to authorize all amendments, changes, or alterations to the LGIP Form or any other documentation including the designation of other individuals to make contributions and withdrawals on behalf of the City.
3. The City Council hereby approves and attests to the accuracy of the LGIP Form as completed by the Administrative Services Director, attached hereto as Exhibit A and incorporated by reference.
4. The City Council acknowledges that the designation of the Authorized Individual ends upon the written notice, by any method set forth in the prospectus, of the City Council that the Authorized Individual has been terminated or that her designation has been revoked. The Office of the Washington State Treasurer will rely solely on the City Council to provide notice of such revocation and is entitled to rely on the Authorized Individual's instructions until said notice has been provided.

5. The City Council acknowledges that the LGIP Form as incorporated into this Resolution 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 City of Shoreline. No amendments, changes, or alterations shall be made to the LGIP Form or any other documentation until the City Council for the City of Shoreline passes a new resolution naming a new authorized individual.

ADOPTED BY THE CITY COUNCIL ON NOVEMBER 14, 2017.



Mayor Christopher Roberts

ATTEST:

Jessica Simulcik Smith
City Clerk

**LOCAL GOVERNMENT INVESTMENT POOL
TRANSACTION AUTHORIZATION FORM**

Exhibit A

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

Name of Entity: City of Shoreline	Mailing Address: 17500 Midvale Avenue N Shoreline, WA 98133-4905
Fax Number: (206)801-2787	
E-mail Contact: slane@shorelinewa.gov	

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: US BANK
Branch Location: 15415 WESTMINSTER WAY NORTH, SHORELINE, WA 98133
Bank Routing Number: 125000105
Account Number: 153595372357
Account Name: City of Shoreline

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

Name	Title	Signature	Telephone Number
Sara Lane	Admin Svc Director	<i>Sara Lane</i>	(206) 801-2301
Mark Gregg	Finance Manager	<i>Mark Gregg</i>	(206) 801-2311
Henry Yeh	Staff Accountant	<i>Henry Yeh</i>	(206) 801-2312
Jody Lundquist	Accountant	<i>Jody Lundquist</i>	(206) 801-2319

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

<i>Sara Lane</i>	Administrative Services Director	10/25/17
<i>(Authorized Signature)</i>	<i>(Title)</i>	<i>(Date)</i>
Sara Lane	slane@shorelinewa.gov	(206) 801-2301
<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 King) ss.

Signed or attested before me by Sara Lane
Dated this 25 day of October, 2017

SEAL OR STAMP

Ashleigh Scott
Signature of Notary
Ashleigh Scott
Typed or printed name of Notary
Notary Public in and for the State of Wash.
My appointment expires: 4-09-2021

**TREASURY MANAGEMENT SYSTEM (TM\$)
 WEB CLIENT LOGON AUTHORIZATION FORM**

Name of Entity: City of Shoreline

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: Jody Lundquist	Name: Mark Gregg
Title: Accountant	Title: Finance Manager
E-mail address: jlundquist@shorelinewa.gov	E-mail address: mgregg@shorelinewa.gov
Phone: 206-801-2319	Phone: 206-801-2311
OST Appr Date: UserID:	OST Appr Date: UserID:

3. Add Delete Update No Change

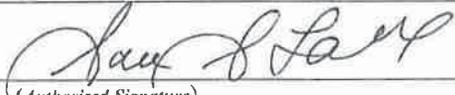
LGIP: Full Access View only Rev Dist: View only

4. Add Delete Update No Change

LGIP: Full Access View only Rev Dist: View

Name: Sara Lane	Name: Henry Yeh
Title: Administrative Services Director	Title: Staff Accountant
E-mail address: slane@shorelinewa.gov	E-mail address: hyeh@shorelinewa.gov
Phone: 206-801-2301	Phone: 206-801-2312
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.

	Administrative Services Director	10/25/17
(Authorized Signature)	(Title)	(Date)
Sara S. Lane	slane@shorelinewa.gov	206-801-2301
(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

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