BOMA 09/10/13

For official use only:	
Customer Name	Customer No.

PD F 1010 E Department of the Treasury Bureau of the Public Debt (Revised August 2011)

RESOLUTION FOR TRANSACTIONS

OMB 1535-0117

www.treasurydirect.gov

IMPORTANT: Follow instructions in filling out this form. You should be aware that the making of any false, fictitious, or fraudulent claim or statement to the United States is a crime that is punishable by fine and/or imprisonment.

INVOLVING TREASURY SECURITIES

List the name(s) of individuals prese	ntly duly qualified and	acting on	behalf of the o	rganization.
Resolved that:				
Name(s	s) and Title(s) of Authorize	ed Individua	al(s)	
is/are authorized to perform any and in the name of	all transactions relatin	g to Unite	d States Treas	ury Securities held
Name of Organiza	tion	- communicatività del Pa	Taxpayer ID No	o./Account No.
either in its own right or in a fiduciary these securities.	capacity, including the	right to e	xecute tax dod	cuments related to
If more than one individual is named (If neither box is selected, the authorby "or.")	· ·		separately unless the nan	☐ jointly. nes are joined
If the Department of the Treasury red States, the named individual(s) are a organization as principal (If not completed, no authority will be	authorized to execute th		f Indemnity on	
It is further resolved that any action t authorization shall remain in effect other	aken by the named ind until revoked from the date of certific	or for	is hereby ratific	ed and that this
(One year will be assumed unless of	herwise indicated.)			
	ed to perform transacti	ons relatir	ng to	

2. AUTHORIZATION—If the organization does not have a seal, you MUST wait until you are in the presence of a certifying officer to sign this form. The form must be signed by an officer other than the person(s) authorized in item 1 above.					
I certify under penalty of perjury that the the governing body of:	foregoing is a true copy of a re	esolution adopted at	a meeting of		
Name of Organization	ALLEGA MARINE STATE OF THE STAT	Faxpayer Identification	Number		
and that said meeting was duly called an force.		· ·			
(SEAL OF THE ORGANIZATION)	Signature(s)		Date		
	Title	Tele	ephone No.		
3. CERTIFICATION—Certification requ	ired ONLY if organization	's seal is NOT affi	xed above.		
Instructions to Certifying Officer:					
 Name of person(s) who appeared a Medallion stamps require an original Person(s) must sign in your present 	al signature.	r be completed.			
I certify that	, v	vhose identity(ies) is/	′are		
Name of Person(s) Who Appeared				
known or proven to me, personally appea	day of	Month/Year			
at	and signed	I this form.			
City/State					
	Signature and Ti	tle of Certifying Officer			
(OFFICIAL STAMP OR SEAL)	Name of Fi	nancial Institution			
	A	ddress			
ACCEPTABLE CERTIFICATIONS: Financial Institution's Official Seal or Stamp (such as Corporate Seal, Signature Guaranteed Stamp, or Medallion Stamp). Brokers must use a Medallion Stamp.		ate/ZIP Code			
(Notary certification is NOT acceptable.)	Те	lephone			



Treasury Retail Securities

August 6, 2013

Customer:

0000843253S

Mike Lowe

MIKE LOWE CITY OF FRANKLIN 109 THIRD AVE SOUTH STE 111 FRANKLIN TN 37064-2519

Dear Mr. Lowe:

This letter refers to your recent transaction and/or inquiry.

Please provide the Legacy Treasury Direct account number(s), the organization's taxpayer identification number (TIN), and **one** of the following:

- A written request for account verification on the organization's letterhead. The letter must contain an officer's signature and title, the Legacy Treasury Direct account number, and the organization's TIN.
- A certified copy of your organization's resolution, or original copies or pertinent extracts of other supporting documents (i.e., bylaws, charters, constitutions, or board minutes), that are certified by an officer who has access to the organization's records.
- The enclosed Resolution for Transactions Involving Treasury Securities (PD F 1010 E). An officer of the organization (other than yourself) who is responsible for maintaining the organization's records should sign and date the form. This officer cannot be among those named on the front of the form (i.e., an officer may not sign his or her own authorization to conduct transactions). In addition, the organization's seal should be affixed to the form. If the organization does not have a seal, the form must be certified.

Please list the information that needs to be verified, so that only a confirmation is necessary.

If you have any questions concerning this transaction, please contact one of our Legacy Treasury Direct® team members at 800-722-2678.

Sincerely.

Federal Reserve Bank of Minneapolis

Enclosure:

PD F 1010 - Resolutions for Transactions

Return Envelope

For information about Treasury Retail securities, go to: www.treasurydirect.gov





August 22, 2013

TO:

Board of Mayor & Aldermen

FROM:

Eric S. Stuckey, City Administrator

Russ Truell, Assistant City Administrator

SUBJECT:

Resolution to Update US Treasury Account Information

Purpose

The purpose of this agenda item is to amend the contact information for staff members to authorize transactions in the City's account with the U S Treasury.

Background

The City of Franklin maintains an account with the United States Treasury to purchase and sell treasury securities. Purchasing securities through this account allows the city to avoid brokerage charges. This resolution updates the contact information authorizing staff to initiate transactions with the Treasury.

Financial Impact

There is no direct financial impact.

Recommendation

Staff recommends approval of the agreement.