

STATE OF ILLINOIS)
COUNTIES OF DUPAGE) SS
AND WILL)

SECRETARY'S CERTIFICATE

I, Chad Chaffin the duly qualified and acting Secretary of the Board of Trustees of the Lisle-Woodridge Fire Protection District, DuPage and Will Counties, Illinois, and the keeper of the records thereof, do hereby certify that attached hereto is a true and correct copy of a Resolution entitled:

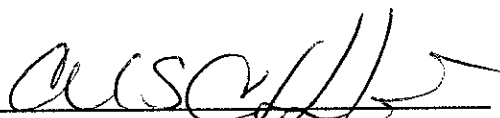
Resolution No. 16- 11

A RESOLUTION TO APPOINT NANCY MCCLAIN AS IMRF AUTHORIZED AGENT FOR THE LISLE-WOODRIDGE FIRE PROTECTION DISTRICT.

adopted by said Board of Trustees at its meeting on the 24th day of May 2016.

I do further certify that a quorum of said Board of Trustees was present at the said meeting, and that the Board complied with all requirements of the Illinois Open Meetings Act. Further, I certify that the Resolution has not been amended or altered and is in full force and effect as of the date indicated below.

IN WITNESS WHEREOF, I have hereunto set my hand this 24th day of May 2016.



Secretary, Board of Trustees
Lisle-Woodridge
Fire Protection District

Resolution No. 16-11

A Resolution to Appoint Nancy McClain as IMRF Authorized Agent for the Lisle Woodridge Fire Protection District.

**Presented and Passed by the
Board of Trustees on May 24, 2016**

BE IT RESOLVED, by the Board of Trustees of the Lisle Woodridge Fire Protection District, DuPage and Will Counties, Illinois, hereby appoints Nancy McClain as IMRF Authorized Agent for the Lisle Woodridge Fire Protection District.

PRESENTED to the Board of Trustees of the Lisle Woodridge Fire Protection District, Illinois this 24th day of May, 2016.

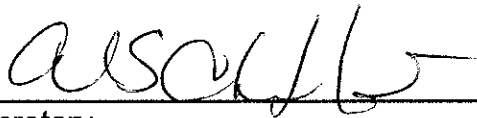
PASSED by the Board of Trustees of the Lisle Woodridge Fire Protection District, Illinois, the 24th day of May, 2016.

APPROVED by the Board of Trustees of the Lisle Woodridge Fire Protection District, Illinois this 24th day of May, 2016.



President
Board of Trustees

ATTEST:



Secretary
Board of Trustees

TRUSTEE VOTE:

Ayes: *Chaffin, Costin, Perry, Frank*

Nays: *Ø*

Absent: *Moeller*

Abstain: *Ø*



NOTICE OF APPOINTMENT OF AUTHORIZED AGENT

IMRF Form 2.20 (Rev. 10/2014)

INSTRUCTIONS

- The governing body of an IMRF employer (including townships) can appoint any qualified party as the employer's IMRF Authorized Agent.
- The governing body makes the appointment by adopting a resolution.
- The clerk or secretary of the governing body must certify the appointment (see Certification below).
- Mail the completed form to the Illinois Municipal Retirement Fund.
- A copy of the completed form should be retained by the employer.
- The new Authorized Agent will need to register for a new User ID on IMRF Employer Access.

EMPLOYER NAME Lisle Woodridge Fire Protection District		EMPLOYER IMRF I.D. NUMBER 05461	
AUTHORIZED AGENT'S SALUTATION <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input checked="" type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	LAST NAME Nancy McClain	FIRST NAME	MIDDLE INITIAL JR., SR., II, ETC.
TYPE OF GOVERNING BODY Fire District			
DATE APPOINTMENT MADE (MM/DD/YYYY) 05/24/2016	EFFECTIVE DATE OF APPOINTMENT (MM/DD/YYYY) 05/24/2016	POSITION TITLE Administrator	
Powers and duties delegated to Authorized Agent pursuant to Sec. 7-135 of Illinois Pension Code by governing body (P.A. 97-0328 removed the requirement that the Authorized Agent be a participant in IMRF to file a petition or cast a ballot):			
To file Petition for Nominations of an Executive Trustee of IMRF		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
To cast a Ballot for Election of an Executive Trustee of IMRF		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
 SIGNATURE OF AUTHORIZED AGENT NAMED ABOVE		05/24/2016 DATE (MM/DD/YYYY)	
CERTIFICATION			
I, <u>Chad Chaffin</u> NAME		do hereby certify that I am <u>Secretary</u> CLERK OR SECRETARY	
of the <u>Lisle Woodridge Fire Protection District</u> NAME OF EMPLOYER			
and the keeper of its books and records and the foregoing appointment and delegation were made by resolution duly adopted on the date indicated.			
SEAL		 SIGNATURE OF CLERK OR SECRETARY	
BUSINESS ADDRESS			
All correspondence and communications with the Authorized Agent are to be addressed as follows:			
NAME (IF DIFFERENT FROM ABOVE) <u>Mrs.</u> rs. <input type="checkbox"/> Ms.			
BUSINESS ADDRESS 1005 Lisle St.			
CITY STATE AND ZIP + 4 Lisle, IL 60532			
DAYTIME TELEPHONE NO. (with Area Code) (630) 353-3000		ALTERNATE TELEPHONE NUMBER (with Area Code)	
FAX NO. (with Area Code)		EMAIL ADDRESS nmclain@lwfd.org	

IMRF

2211 York Road Suite 500 Oak Brook, IL 60523-2337

Employer Only Phone: 1-800-728-7971 Member Services Representatives 1-800-ASK-IMRF (1-800-275-4673) Fax (630) 706-4289