

## EXHIBIT A



**ADOPTING RESOLUTION**

The undersigned authorized representative of IMPERIAL COUNTY LOCAL AGENCY FORMATION COMMISSION (the Employer) hereby certifies that the following resolution was duly adopted by the Employer on January 25, 2018, and that such resolution has not been modified or rescinded as of the date hereof:

RESOLVED, that the form of Plan and Trust effective JANUARY 1, 2018, presented to this meeting is hereby approved and adopted and that an authorized representative of the Employer is hereby authorized and directed to execute and deliver to the Administrator of the Plan one or more counterparts of the Plan.

The undersigned further certifies that attached hereto are true copies of ICLAFCO 401(A) PLAN, and the Summary of Plan Provisions, which are hereby approved and adopted.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_



Jurg Heuberger, Executive Officer  
[print name/title]