

RESOLUTION OF THE GOVERNING BODY OF
THE THREE AFFILIATED TRIBES OF THE
FORT BERTHOLD RESERVATION

WHEREAS, This Nation, having accepted the Indian Reorganization Act of June 18, 1934, and the authority under said Act; and

WHEREAS, The Constitution and Bylaws of the Three Affiliated Tribes authorizes and empowers the Tribal Business Council to engage in activities for the welfare and benefit of the Tribes and tribal members; and

WHEREAS, an application for enrollment has been filed for Ariane Lace Big Crow; and

NOW, THEREFORE BE IT RESOLVED, that the application for enrollment has been reviewed and is approved; and

NOW, THEREFORE BE IT FURTHER RESOLVED, that the Tribe hereby requests the Bureau of Indian Affairs to process this enrollment action:

C E R T I F I C A T I O N

I, the undersigned, as Secretary of the Tribal Business Council of the Three Affiliated Tribes of the Fort Berthold Reservation, hereby certify that the Tribal Business Council is composed of 7 members of whom 5 constitute a quorum, 6 were present at a Regular Meeting, thereof duly called, noticed, convened, and held on the 14th day of February, 1991; that the foregoing Resolution was duly adopted at such meeting by the affirmative vote of 5 Members, - Members opposed, - Members abstaining, - Members Not Voting, and that said Resolution has not been rescinded or amended in any way.

Chairman Voting Not Voting

Dated this 14th day of February, 1991

John J. Rabbithead, Jr.
John J. Rabbithead, Jr. Secretary
Tribal Business Council

ATTEST:

Wilbur D. Wilkinson
Wilbur D. Wilkinson, Chairman
Tribal Business Council

ATHLETE'S REQUEST:

and also with the youth as I'm committed to all the people, to my segment and to the whole reservation. Justin is requesting the tribes for an amount of \$500.00 to a \$1,000.

Chairman Wilkinson entertained a motion and second to defray the expenses of Justin Racine to the national boxing championship in the amount of \$700.

A motion was made but failed due to lack of a second.

Councilman Mossett made a motion to approve for \$500.00, seconded by Councilman Hall.

Discussion: Had Mr. Racine requested for help from Golden Gloves boxing team Coordinator, Virgil Chase as he sponsors different boxing tournaments.

Justin explained why he is requesting for monies.

Councilman Gillette offered to pay Justin's flight to his destination but Justin informed the flight would be paid by his organization.

Marie Wells suggested that to take the money out of the donation line item.

Rose Crow Flies High suggested to raise funds through bingo using KMHA night.

Darryl Hall, Parshall Community Chairman stated if they had funds available they could provide some funds for Mr. Racine.

Vote: 6 for, 0 opposed. Motion Carried.

ITEM 20: ENROLLMENT: Resolution #91-41.
Arianne Big Crow, daughter of Jamie Big Crow and Granddaughter of Sylvia Hall.

Councilman Hall made a motion to approve enrollment seconded by Councilman Mossett.

Vote: 6 for, 0 opposed. Motion Carried.

ITEM 21: ANA GRANT RESOLUTION: #91-32.
Councilman Gillette made a motion to approve the grant application of Administration for Native Americans, seconded by Councilman Hall.

Vote: 6 for, 0 opposed. Motion Carried.

South Dakota
Department of Health
VITAL RECORDS PROGRAM
PIERRE, SOUTH DAKOTA 57501
CERTIFICATE OF BIRTH



FILE NUMBER: 140-86-010117

NAME: ARIANE LACE BIG CROW

DATE OF BIRTH: NOVEMBER 03, 1986

SEX: FEMALE

COUNTY OF BIRTH: PENNINGTON

MOTHER: JAMIE LYNN BIG CROW
(MAIDEN NAME)

FILE DATE:

NOVEMBER 25, 1986

This is a true certification of the official Vital Record filed in the Department of Health as provided in Chapter 34-25 of the SOUTH DAKOTA CODIFIED LAWS.

DATE ISSUED:

FEBRUARY 04, 1991

Doris J. Donner
State Registrar, Vital Records

Any Alteration Or Erasure Voids This Record

Date of application: Feb 12, 1991.

I hereby make application for enrollment for my _____, with the
(daughter, son, ~~grandchild~~, etc.)
Three Affiliated Tribes of the Fort Berthold Reservation. The following information is
furnished to complete this application.

1. Name of child for whom application is being made: Ariane Face Big Crow
2. Date of birth: Nov 3, 1986. Name of hospital: Rapid City Regional Hospital
located in the city of Rapid City, S.D.. Social Security number, if known: _____

3. Is this child enrolled with another tribe? Yes. No. If so, please state the complete
tribal name and reservation. Include the child's enrollment number and enrolled blood
degree: _____

MOTHER OF CHILD: Maiden name: Jamie Big Crow. Mother's date of birth
and birthplace: 5-31-68, Minot St Joseph N.D. Tribe mother is enrolled
with - specify the tribe(s) and her total blood degree, if known: _____
Social Security number: 5021960502

Mother's present address: Newtown N.D.

Mother's permanent address: P.O. Box Newtown N.D. 58763

FATHER OF CHILD: Name of father: Rodney Jackson. Father's date of birth and
birthplace: UNKNOWN. Tribe father is enrolled
with - specify the tribe(s) and his total blood degree, if known: UNKNOWN
Social Security number: UNKNOWN

Father's present address: UNKNOWN

Father's permanent address: UNKNOWN

A PHOTOSTATIC COPY OF THE APPLICANT'S LIVE BIRTH RECORD MUST BE FURNISHED WITH THIS APPLICATION.
A CERTIFICATION OF BLOOD DEGREE FOR THE PARENT NOT ENROLLED WITH THE THREE AFFILIATED TRIBES
MUST BE INCLUDED FROM THAT PARENT'S HOME AGENCY AND \$2.00 ENROLLMENT FEE (NO PERSONAL CHECKS)
IS ALSO REQUIRED. MAKE PAYMENT PAYABLE TO THE THREE AFFILIATED TRIBES.

Jamie Big Crow
Parent or Guardian's signature for minor child

(Approval) (Disapproval) granted by the Tribal Business Council in a Regular meeting
held on the 14th day of February, 1991; because applicant met _____

Walter D. Welhin
Chairman, Three Affiliated Tribes
Tribal Business Council