

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

A RESOLUTION ENTITLED "A RESOLUTION ADOPTING A BUDGET FOR THE LEGAL DEPARTMENT OF THE THREE AFFILIATED TRIBES AND FOR OTHER PURPOSES".

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

WHEREAS, The Constitution of the Three Affiliated Tribes generally authorizes and empowers the Tribal Business Council to engage in activities on behalf of and in the interest of the welfare and benefit of the Tribes and of the enrolled members thereof; and

WHEREAS, Article VI, Section 5 (1) of the Constitution of the Three Affiliated Tribes specifically authorizes and empowers the Tribal Business Council to adopt resolutions regulating the procedure of Tribal agencies;

WHEREAS, The Legal Department does not have a budget for calendar year 1994-1995; and

WHEREAS, The Legal Department has submitted a proposed budget, and job descriptions for the Tribal Attorney, Staff Attorney, Paralegal and Legal Secretary; and

WHEREAS, The Council in a duly called and convened session has carefully reviewed this budget.

NOW, THEREFORE, BE IT RESOLVED, That the Budget submitted by the Legal Department is passed & approved in the amount of \$226,516.00.

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, 7 were present at a Regular Meeting thereof duly called, noticed, convened, and held on the 9th day of February, 1995; that the foregoing Resolution was duly adopted at such Meeting by the affirmative vote of 7 members, 0 members opposed, 0 members abstained, 0 members not voting, and that said Resolution has not been rescinded or amended in any way.
Dated the 9th day of February, 1995.

Dayton Spotted Bear
Secretary, Tribal Business Council

ATTEST:

[Signature]
Chairman, Tribal Business Council

LEGAL DEPARTMENT
[IN HOUSE]
1995 PROPOSED BUDGET

Staff Salaries:

Supervising Attorney	\$58,000.00
Staff Attorney	47,840.00
Paralegal	27,000.00
Legal Secretary	18,000.00
	\$150,840.00

Fringe Benefits:

[Figured at 21% x \$150,840.00]

FICA	
SUTA	
Insurance [Medicial & Life]	
Retirement	
Workers' Compensation	31,676.40

Office Expenses:

Telephone & facsimile	\$ 6,000.00
West Law	5,500.00
Office Supplies	3,000.00
	14,500.00

Research:

[Central Legal Research UND Law School] 250 hrs x \$20/hr	5,000.00
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Travel:

Common Carrier & Mileage	6,500.00
Local Mileage	3,000.00

Law Library:

Up-dates for library	10,000.00
[Publications]	

Training & Employee Development:

[Workshop Fees/Training]	5,000.00
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Total \$226,516.00

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CREDIT APPLICATION

CREDIT LIMIT REQUESTED \$5,000.00

Check Card Choice:
(Only One)
 MASTERCARD
 VISA
 BOTH MASTERCARD AND VISA

Check Account Choice:
(Only One)
 INDIVIDUAL ACCOUNT
 JOINT ACCOUNT
 CREDIT LIMIT INCREASE

APPLICANT

Note: All Sections Should Be Filled Out Completely. If Not, Processing Of Your Application May Be Delayed.

Last Name THREE AFFILIATED TRIBES		First TRIBES		Middle		Social Security Number 45-0323672	
Date of Birth	No. of Dependents	Home Telephone		<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other	Mo. Payment \$
Street Address P.O. BOX 579		City NEW TOWN ND		State 58763-0579		Zip Code	
1. Previous Address		City		State		Zip Code	
2. Previous Address		City		State		Zip Code	
Employment		Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone Number		How Long (yrs.)	
Address		Position/Occupation		Monthly Gross Income		How Long (yrs.)	
Name and Address of Previous Employer		Position/Occupation		Monthly Gross Income		How Long (yrs.)	
Source of Additional Income*		Amount per Month \$		How Long (yrs.)		Relationship	
Nearest Relative (Not Living With You)		Telephone Number		Relationship		Amount per Month \$	
Their Address		City		State		Zip Code	

* You Need Not Furnish Alimony, Child Support Or Maintenance Income Information If You Do Not Want Us To Consider It In Evaluating Your Application.

CO-APPLICANT or SPOUSE

(If applying for a joint account)

Last Name		First		Middle		Social Security Number	
Date of Birth	No. of Dependents	Home Telephone		<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other	Mo. Payment \$
Street Address		City		State		Zip Code	
Previous Address		City		State		Zip Code	
Employment		Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone Number		How Long (yrs.)	
Address		Position/Occupation		Monthly Gross Income		How Long (yrs.)	
Name and Address of Previous Employer		Position/Occupation		Monthly Gross Income		How Long (yrs.)	
Source of Additional Income*		Amount per Month \$		How Long (yrs.)		Relationship	

* You Need Not Furnish Alimony, Child Support Or Maintenance Income Information If You Do Not Want Us To Consider It In Evaluating Your Application.

CREDIT INFORMATION

Attach additional sheet if necessary

Bank Name and Address FIRST INTERNATIONAL BANK	Phone:	Loans <input type="checkbox"/> Open <input type="checkbox"/> Closed
Checking Account Number 202-016	Savings Account Number	

Name and Address of Creditor	Name Under Which Account Is Carried	Account Number	Balance	Monthly Payment
1. Automobile			\$	\$
2. Home Mortgage			\$	\$
3. Bank Credit Card/ Bank Name and Address			\$	\$
4. Other			\$	\$
5.			\$	\$
6.			\$	\$

SIGNATURE(S)

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and I/we certify that all information herein is true and complete. I/We agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of this institution. I/We agree to be bound by the terms and conditions of the bank card agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time.

THREE AFFILIATED TRIBES

William S. Williams CHAIRMAN John J. Rabuthard Jr. SECRETARY

Applicant Signature Date Co-Applicant Signature Date

YES Please enroll me in the optional CAP program as described on the reverse side. CAP costs .60 per \$100.00 of my monthly card balance and I may cancel at any time.

Sign _____ Date ____/____/____ Birthdate ____/____/____

Signature of Primary Cardholder

TRUTH IN LENDING DISCLOSURE REQUIRED BY FEDERAL LAW

Annual fee	Grace period for repayment of the balance for purchases	Annual percentage rate for purchases	Method of computing the balance for purchases	Fees for paying late or exceeding the credit limit	Transaction fee for cash advances
Free first year			Average Daily Balance	Late payment fee: \$5	