The Governing Body of the Tule River Indian Health Center, Inc hereby declares the following individuals as check signers:

Laura Manuel, Board Chairman
Joseph Garfield, Board Treasurer
Patsy Vega, Board Secretary
Barbara Baga, Board Member
Sabrina Bustamante, Program Director

The motion read as follows:

E. CHECK SIGNERS

MOTION #9: Joseph Garfield/Vincent Burrough motioned to remove all previous check signers and add the new officers (Laura Manuel, Chairman; Patsy Vega, Secretary; Joseph Garfield, Treasurer) with the exception of Richard McDarment, Vice Chairman to avoid the conflict with Michele McDarment as Fiscal Officer. Barbara Baga has agreed to accept as the fourth check signer. Also add Sabrina Bustamante Program Director. Votes were 6, 0, 0 motion carried.

The foregoing was adopted at a duly held meeting on January 29, 2003. The foregoing elections or appointment was duly held or made in conformance with our Project's By-laws.

Laura Manuel, Chairperson

Patsy J. Vega, Secretary
February 3, 2003

Tule River Indian Housing Authority
Attn: D. Sajan Bajwa

Dear Dr. Bajwa:

Effective as of January 29, 2003; Brook Santos was appointed as the second Alternate for the 2003 Tule River Indian Health Advisory Board.

The Regular Meetings are held on the First Wednesday of every month. Should the meeting date, time or place be changed or if Special meetings are scheduled each Board Member is notified at least 24 hours prior to the meeting by the most expedient means.

If you have any questions regarding this information please contact me at 784-2316.

Sincerely,

[Signature]

Sabrina L. Bustamante, Executive Director/CEO
Tule River Indian Health Center, Inc
RESOLUTION TO CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.
DELEGATE CERTIFICATION

The Governing Body of
Tule River Indian Health Center, Inc
Hereby declares that the certified delegates to the California Rural Indian Health Board, Inc., named herein
are members of a Federally Recognized Tribe pursuant to P.L. 93-538 as amended:

<table>
<thead>
<tr>
<th>No.</th>
<th>Delegate Name</th>
<th>(Address)</th>
<th>(City, Zip Code)</th>
<th>(Tribal Affiliation)</th>
<th>(Member of Federally Recognized Tribe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>Laura Manuel</td>
<td>630 N. Reservation Road</td>
<td>Porterville, CA 93257</td>
<td>Tule River Yokut</td>
<td>Tule River Yokut</td>
</tr>
<tr>
<td></td>
<td>(Delegate Name)</td>
<td></td>
<td></td>
<td></td>
<td>(Member of Federally Recognized Tribe)</td>
</tr>
<tr>
<td></td>
<td>(Telephone Number)</td>
<td>(559) 781-5692</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jan. 18, 2003-2005</td>
<td>(Term of Appointment)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| (2) | Joseph Garfield        | 500 N. Reservation Road | Porterville, Ca 93257     | Tule River Yokut     | Tule River Yokut                      |
|     | (Delegate Name)        |                         |                            |                      | (Member of Federally Recognized Tribe) |
|     | (Telephone Number)     | (559) 782-3092          |                            |                      |                                       |
|     | January 19, 2002-2004  | (Term of Appointment)   |                            |                      |                                       |

Should either of the above delegates not be able to attend, for any reason, any scheduled meeting of the
Board of Directors of the California Rural Indian Health Board, Inc., the following person shall be the
designated Alternate-Delegate:

| (A)  | Richard McFarment      | 33 Chimney Road         | Porterville, CA 93257     | Tule River Yokut     | Tule River Yokut                      |
|      | (Delegate Name)        |                         |                            |                      | (Member of Federally Recognized Tribe) |
|      | (Telephone Number)     | (559) 359-1343          |                            |                      |                                       |
|      | January 19, 2002-2004  | (Term of Appointment)   |                            |                      |                                       |

CERTIFICATION

The foregoing resolution was adopted at a duly held meeting on January 29, 2003. The
foregoing election or appointment was duly held or made in conformance with our Project’s bylaws.

Laura Manuel, Chairperson

ATTEST:

Laura Manuel

Patee J. Vega, Secretary

FAXED

2/10/03
AUTHORIZATION TO BIND CORPORATION
AND INVOICE APPROVAL FORM

The Board of Directors of the Tule River Indian Health Center, Inc
in a duly executed meeting held on August 13, 2003

and where a quorum was present, resolved to authorize:

Signature: ____________________________  Date: __08/13/03__
Name: Sabrina L. Bustamante
(Type/Print)

Signature: ____________________________  Date: __06/13/03__
Name: Michele McDarment
(Type/Print)

Signature: ____________________________  Date: __________________
Name: ______________________________
(Type/Print)

Title: Program Director
Title: Fiscal Officer

The undersigned hereby affirms he/she is a duly authorized officer of the Corporation and that the statements contained in this document are true and complete to the best of his/her knowledge. The undersigned further affirms that the applicant accepts, as a condition of the Grant, the obligation to comply with the applicable State and Federal requirements, policies, standards and regulations. The undersigned further affirms that the funds shall be used for delivering primary care medical, dental, and outreach services to program beneficiaries. The undersigned recognizes that this is a public document and is open to public inspection.

Signature: ____________________________  Date: ________________
(Corporate Officer's Signature)
Name: Laura Manuel
(Type/Print)
Title: Board Chairperson

Form Completion Instructions: At least two persons must be authorized to sign clinic invoices. A current authorization form must be kept on file with the State Indian Health Program. If any changes in this authorization occur, the clinic must notify the State Indian Health Program within ten (10) working days in writing. Additional copies of this form are available at http://www.dhs.ca.gov/ihp.

All signatures must be in blue ink
CALIFORNIA
DRIVER LICENSE
N0014082
CLASS: C
EXPIRES 07-03-03
This license is issued as a license to drive a motor vehicle. It is invalid for employment, voter registration, or public benefits.
BARBARA ANN BAGA
RT 7 BX 206
PORTERVILLE CA 93258
SEX: F  HAIR: BRN  EYES: BRN
HT: 5-09  WT: 179  DOB: 07-03-51
07/03/98 573 12/03/03 1087