

# TULE RIVER INDIAN HEALTH ADVISORY BOARD

TULE INDIAN RESERVATION

P.O. BOX 768

PHONE 784-2316

PORTERVILLE, CALIFORNIA 93258

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

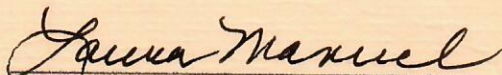
Laura Manuel, Board Chairman  
Joseph Garfield, Board Treasurer  
Patsy Vega, Board Secretary  
Barbara Baga, Board Member  
Sabrina Bustamante, Program Director


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

# TULE RIVER INDIAN HEALTH CENTER, INC.

MAIN OFFICE  
POST OFFICE BOX 768  
PORTERVILLE, CALIFORNIA 93258  
(559) 784-2316  
FAX (559) 781-6514

VISALIA OFFICE  
1900 N. DINUBA BLVD., SUITE A  
VISALIA, CALIFORNIA 93291  
(559) 625-0844  
FAX (559) 625-1476

February 3, 2003

Tule River Indian Housing Authority  
Attn: D. Sajan Bajwa

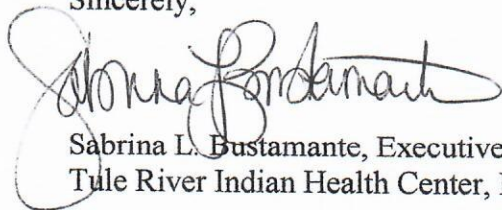
Dear Dr. Bajwa:

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,



Sabrina L. Bustamante, Executive Director/CEO  
Tule River Indian Health Center, Inc

**COPY**



**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. 93-638 as amended:

(1)	<u>Laura Manuel</u> (Delegate Name)	<u>630 N. Reservation Road</u> (Address)
	<u>(559) 781-5692</u> (Telephone Number)	<u>Porterville, CA 93257</u> (City, Zip Code)
	<u>Jan. 18, 2003-2005</u> (Term of Appointment)	<u>Tule River Yokut</u> (Tribal Affiliation)
		<u>Tule River Yokut</u> (Member of Federally Recognized Tribe)

(2)	<u>Joseph Garfield</u> (Delegate Name)	<u>500 N. Reservation Road</u> (Address)
	<u>(559) 782-3092</u> (Telephone Number)	<u>Porterville, Ca 93257</u> (City, Zip Code)
	<u>January 19, 2002-2004</u> (Term of Appointment)	<u>Tule River Yokut</u> (Tribal Affiliation)
		<u>Tule River Yokut</u> (Member of Federally Recognized Tribe)

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)	<u>Richard McDarment</u> (Delegate Name)	<u>33 Chimney Road</u> (Address)
	<u>(559) 359-1343</u> (Telephone Number)	<u>Porterville, CA 93257</u> (City, Zip Code)
	<u>January 19, 2002-2004</u> (Term of Appointment)	<u>Tule River Yokut</u> (Tribal Affiliation)
		<u>Tule River Yokut</u> (Member of Federally Recognized Tribe)

**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:

  
\_\_\_\_\_  
Patsy J. Vega, Secretary

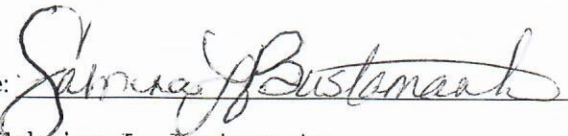
**FAXED**  
2/10/03

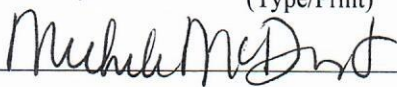
# AUTHORIZATION TO BIND CORPORATION AND INVOICE APPROVAL FORM

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 Title: Program Director  
(Type/Print)

Signature:  Date: 8/13/03  
Name: Michele McDarment Title: Fiscal Officer  
(Type/Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Type/Print)

to negotiate and sign State Indian Health Program grant and any invoices that may result.

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 Title: Board Chairperson  
(Type/Print)

**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**

**DMV CALIFORNIA DMV**

**DRIVER LICENSE** CLASS: C  
**N0014082**

EXPIRES 07-03-03 This license is issued as a license to drive a motor vehicle. It does not establish eligibility for employment, voter registration, or public benefits.

**BARBARA ANN BAGA**  
RT 7 BX 208  
PORTERVILLE CA 93258

SEX: F HAIR: BRN EYES: BRN  
HT: 5-09 WT: 179 DOB: 07-03-51



*Barbara Ann Baga*  
07/03/98 573 12/ FD/03 1058