

# **SQUAXIN ISLAND TRIBE**



#### **RESOLUTION NO. 97 - 16**

#### OF THE

### SQUAXIN ISLAND TRIBAL COUNCIL

WHEREAS, the Squaxin Island Tribal Council is the Governing Body of the Squaxin Island Indian Reservation by authority of the Constitution and By-Laws of the Squaxin Island Tribe, as approved and adopted by the General Body and the Secretary of the Interior on July 8, 1965; and

WHEREAS, the Squaxin Island Tribal Council has been entrusted with the power and authority to administer funds and/or property within the control of the Tribe, under the Constitution of the Tribe; and

WHEREAS, it is in the best interest of the Tribe to lease five (5) Sharp copy machines, provided by Capital Business Machines, from Tokai Financial Services, Inc (TFS) and located in the following Tribal locations:

2 machines - Social Services Department

1 machine - Treatment Center

1 machine - Law Enforcement Department;

1 machine - Tribal Health Clinic

WHEREAS, it will be necessary for the Tribe to waive its inherent "sovereign immunity" to the extent necessary to make the terms and conditions of the aforementioned and attached lease mutually enforcable by the parties to said lease; and that this partial waiver shall apply only to said terms and conditions of this particular lease.

**NOW THEREFORE, BE IT RESOLVED,** that the Squaxin Island Tribal Council does hereby authorize the Executive Director and/ or the Deputy Executive Director to sign any and all documents necessary to this lease..

### CERTIFICATION

The Squaxin Island Tribal Council does hereby certify that the foregoing Resolution was adopted at a meeting of the Squaxin Island Tribal Council, held on this 6th day of June, 1997, at which a quorum was present and was passed by a vote of  $\underline{\mathcal{O}}$  for, and  $\underline{\mathcal{O}}$  against with  $\underline{ \cancel{\leftarrow}}$  abstentions.

Dave Whitener, Chairman

Attested by:

Sue McFarlane, Secretary

Calvin Peters, Vice Chairman



Soc. Sec. No.

Signature

Print Name

Home Address

## SHARP ELECTRONICS CREDIT COMPANY



Lease Agreement VOICE: (800) 735-3273 FACSIMILE: (800) 776-2329

	Full Legal Narme SQUAXIN ISLAND TRIBE							Phone Number (360) 426-9781		
- Y	DBA Name (If Any)						Fax Number (360) 426-6577			
A	Billing Address S.E. 70 SQUAXIN LANE SHELTON WA 98584  Send Invoice to Attention of:									
	Equipment Make M	odel	Serial Number	Description (Attach Signed Equipment Schedule if Necessary)						
NO	SHARF 2025 Copier With Feed					er Stand Sorter cassette				
MATI	SHARP 2040			Copier with feeder, duplex, cassete stand 20 bin sort						
EQUIPMENT INFORMATION	SHARP 2014			Copier						
INT	SHARP 2025			Copier with Feeder, 20 bin sorter, stand						
IIPMI	SHAM	tam 2011 COPIER								
EOL	Equipment Location (if not same as above)									
PAYMENT INFORMATION	Number of Lease Payments Lease Payme			"Sales Tax (EQUALS) Total Lease Payment			You agree to all of the Terms and Cor of which are included by reference) at the Terms and Conditions and under	nditions contained in both sides of this Lease nd become part of this Agreement. You ackno stand that this is a non-cancellable Agreemer	, and in any attachments to same (all wiedge to have read and agreed to all	
	40 071		677.00			You acknowledge that the leased		USED		
						TUR	Signature Ponno poso  Date G/13/97  Print Name B. L. THOMPSON  Title DEPUTY EXECUTIVE DIVELOUS			
			+		•	IGNA	Date 6/13/	97		
NTIN	+ *					SEE S		THOM PSON		
YME	Term of Lease in Months  Payment Frequency:   Monthly □ Quarterly □ Other  4 8							EXECUTIVE DI	neeron.	
P							For	Le	egal Name of Corporation or Partnership	
	671.00 671.00 .				1342.00			REEMENT MUST BE SIGNED BY AUTHORIZED CORPORATE OFFICER, PARTNER OR PROPRIETOR)		
C	Please read your c redit Company, a divisio	opy of this Leas	e carefully and feel free	to ask us any que	TERMS & CONE		u" and "your" refer to the "Less	ee" and the words "we", "us" and "	'our" refer to Sharp Electronics	
th da th m	LEASE: We age e terms and conditions     Z. TERM: The Least edesignated by us. Sis Lease are paid in full ade to us at the above a The amount of eacill be adjusted proportion 5%). In addition, if we is the same and the same and the same are the sa	ree to lease to yo on the face and ase goes into eff ubsequent Lease . Your obligatio address or any o th Lease Paymer snately upward o have not accepte	ou and you agree to leas reverse side of this Le ect and the term of the Payments will be due n to pay the Lease Pay ther place we indicate it is based on the supp or downward if the actual	se from us, the ease and on any a Lease begins wh as invoiced by uments and other in writing. THIS lier's best estima al total cost of thi	quipment listed above (and on any attached schedule. en it is signed and accepted by us us for successive months until the Lease obligations is absolute and AGREEMENT IS NON-CANCELL ate of the equipment cost including e equipment or taxes is more or lease.	the "Co balance duncondi ABLE. g (if appli ss than the	mmencement Date*). The first I of the Lease Payments and any itional and is not subject to can icable), any installation, other me estimate. In that event, you a to increase the Lease Payments	ement parts, repairs, additions and Lease Payment is due on the date warditional Lease Payments or exp cellation, reduction, setoff or coun elated costs and estimated sales or authorize us to adjust the Lease Pa to increase the implicit rate of the	we accept the Lease or any late enses chargeable to you unde sterclaim. All payments will be r use tax. The Lease Payments yments by up to fifteen percen	
					(Terms and Conditions continued on the		de of this Agreement.)			
	the Lease. We are not req the undersigned. The und may be entitled. The un compromise of any obliga This is a continuing gua administrators, represent	uired to proceed againersigned waives not observed to proceed against the consent ations of the Lessee trantee and will remater and will remat	ed unconditionally guarante ainst the Lessee or the equip tice of acceptance and all oth s to any extensions or mo or any other guarantors with ain in effect in the event and assigns of undersigned of by and construed in accord	ment or enforce other ner notices or demand dification granted to nout releasing the un- of the death of the un- and may be enforce	You acknowledge that the equipm working order and is satisfactory a Signature Print Name B. L. The	and shown above has been received, has tond acceptable.  PST HOM PSCN	Date			
	Signature Date						Signature ANNO PSON  Print Name B. L. THOM PSON  Title DEPARY EXECUTIVE DIVECTOR			
	Print Name						For SQUAXIN ISLAND TRIBE			
NTY	Home Address						Lessor Signature		Date	
									1	

Phone

Date