

## **BROADWATER COUNTY COMMISSIONERS**

**515 Broadway, Townsend**

**Meetings are held at the Flynn Building (old Opportunity Bank) 416 Broadway**

Agenda, documents, Official Meetings Minutes and videos of Commission meetings are available and at

<https://www.broadwatercountymt.com>

**OFFICIAL** agendas are posted in the Courthouse (1<sup>st</sup> Floor Bulletin Board), Broadwatercountymt.com, and in the window of the Flynn Building on the Thursday before the Commission Meetings

### **June 6<sup>th</sup> Monday**

- 10:00 AM Discussion Audrey Wallacer Possible County PIO
- 10:00 AM Discussion and Decision County Treasurer Melissa Franks, Request to Remove Ann Rauser and Doug Ellis from investment management for Schwab One Account
- 10:10 AM Discussion/Decision Jania Hatfield County Attorney Request for Additional Legal Assistance

### **June 7<sup>th</sup> Tuesday**

- 6:30 PM The Commissioners will be attending the Townsend City Council Meeting

*Public comment period (on items not on the agenda) will be at the beginning of each meeting. Mail & Items for Discussion and/or signature may occur as time allows during the meeting. Issues and times are subject to change.*

Items for Discussion / Action / Review / Signature – Consent Agenda

- ✓ Certificate of Survey review
- ✓ Management – on-going advisory board appointments
- ✓ Claims/Payroll/minutes
- ✓ County Audit / Budget
- ✓ Mail – ongoing grants
- ✓ Correspondence – support letters

Debi Randolph 406-266-9270 and 406-980-2050  
Darrel Folkvord Chairperson 406-266-9272 and 406-980-1213  
Mike Delger 406-266-9271 and 406-521-0834  
E-mail [commissioners@co.broadwater.mt.us](mailto:commissioners@co.broadwater.mt.us)

## Melissa Franks

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**From:** Colton Welhaven <colton@buchanancapitalinc.com>  
**Sent:** Friday, May 20, 2022 3:47 PM  
**To:** Melissa Franks  
**Subject:** RE: Updating County Inv Account  
**Attachments:** 2022\_04\_21\_15\_31\_17.pdf

Hi Melissa!

Thanks for taking my call this afternoon, I appreciate all your help. Here is what we need specifically to be said at the next commissioner's meeting.

"We remove Doug Ellis and Ann Rauser from investment management authority for the Broadwater County account, they no longer work for the Broadwater County Treasurer. We appoint Melissa Franks and Brenda Harris for investment management authority."

Last, attached is one more document I will need signed by one of the county commissioners. I have highlighted where I need one of them to sign(two spots). This will not add a commissioner to the account, but Schwab is asking one person to sign other than someone in the treasurer's office in authority.

Please let me know if you have any questions and thanks for all your help!  
Colton

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**From:** Melissa Franks <mfranks@co.broadwater.mt.us>  
**Sent:** Friday, May 20, 2022 7:35 AM  
**To:** Colton Welhaven <colton@buchanancapitalinc.com>  
**Subject:** RE: Updating County Inv Account

Good morning Colton,

Sorry it's taken me so long to get back to you, I've been out on vacation. I'm in the office today, can you call me when you get a chance?

Thank you,  
Melissa

*Melissa Franks*  
*Broadwater County Treasurer/  
Superintendent of Schools*  
*515 Broadwater*  
*Townsend, MT 59644*  
*406 266-9218*  
*[mfranks@co.broadwater.mt.us](mailto:mfranks@co.broadwater.mt.us)*

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**From:** Colton Welhaven <colton@buchanancapitalinc.com>  
**Sent:** Thursday, May 19, 2022 11:43 AM

**10. Authorizations to Update Account for Non-Incorporated Organizations Only****Required Signatures for Non-Incorporated Organizations Only**

**Sole Proprietorship:** Owner must sign.

**Limited Partnership:** All General Partners must sign.

**General Partnership:** All Partners must sign.

**Limited Liability Partnership:** All General Partners must sign.

**Member-Managed Limited Liability Company:** All Members must sign.

**Manager-Managed Limited Liability Company:** All Managers must sign.

**Unincorporated Association:** A minimum of two officers must sign. One signature must be from the Chairman of the Board, the President, or any Vice President; the second signature must be from the Secretary, any Assistant Secretary, the Chief Financial Officer, the Treasurer, or any Assistant Treasurer.

Please complete all four signature fields: (1) sign name, (2) print name, (3) enter date, and (4) select title. Schwab cannot complete these fields on your behalf—failure to complete all four fields will delay the processing of your application.

By signing this Authorization, each individual in his or her representative and individual capacity ("you") certifies, represents and warrants that all of the information supplied in this Authorization is complete, true and correct. You also agree that you have received and read a copy of the attached Schwab One Account Application Agreement for Incorporated and Non-Incorporated Organizations ("Application Agreement"), which contains a predispute arbitration clause. You acknowledge and agree that this arbitration clause is a binding obligation of both the Organization and of you with respect to your capacity as an Authorized Individual on the Account(s).

You represent and warrant that you have all the requisite power and authority to (1) provide the tax certifications and (2) establish, maintain, and operate an account(s) with Schwab on behalf of the Organization and to bind the Organization to the Application Agreement and all incorporated agreements and disclosures, including, but not limited to, the Schwab One Account Agreement and the applicable *Charles Schwab Pricing Guide*, each as amended from time to time (the "Agreement and Disclosures"). You represent and warrant that the organizational documents, resolutions, agreements, and laws governing the Organization permit the establishment and maintenance of the Account(s) in accordance with the Agreement and Disclosures. You represent and warrant that you will not take any action or provide any instruction to Schwab that exceeds your authority under organizational documents, resolutions, agreements, and laws governing the Organization.

You authorize Schwab to apply the Beneficial Ownership Information provided in this Update Form to all other similarly registered Organization accounts with the same Taxpayer Identification Number (TIN) maintained at Schwab.

You authorize Schwab to inquire from any source, including a consumer reporting agency, as to the identity of you and any Organization you represent (as required by federal law), creditworthiness and ongoing eligibility for the Account(s) at account opening, at any time throughout the life of the Account(s), and thereafter for debt collection or investigative purposes.

You agree to notify Schwab immediately in writing of any change that would cause these representations and warranties to become incorrect or incomplete. You hereby, jointly and severally, in both personal and representative capacities, agree to indemnify Schwab, its affiliates, officers, directors, employees, and agents from, and to hold such persons harmless against, any claims, judgments, surcharges, settlements, or other liabilities or costs of defense or settlement (including investigative and attorneys' fees) arising out of or related to any act or omission to act by any Authorized Individual with respect to the Account(s), the breach of any agreement with Schwab, or any dispute involving you and the Organization.

The representations and obligations stated in this certification will survive the termination of the Account(s).

By signing below, you represent and warrant that this Authorization and the Agreement and Disclosures constitute a legal, valid, and binding obligation enforceable against the Organization. You also agree, in your personal capacity, that your relationship with Schwab with respect to the Account(s) will be governed by the Agreement and Disclosures.

The Agreement with Schwab includes a predispute arbitration clause. You acknowledge receipt of the predispute arbitration clause contained in the Arbitration Agreement section, pages 2 and 3, of the Schwab One Account Application Agreement for Incorporated and Non-Incorporated Organizations.

X

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Today's Date (mm/dd/yyyy) \_\_\_\_\_

Title (Select only one from the table below.)

|                                                 |                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| For Sole Proprietorships                        | <input type="checkbox"/> Owner                                                                                                                                                                                                                                                                                                                           |
| For Limited Partnerships                        | <input type="checkbox"/> General Partner <input type="checkbox"/> Authorized Representative of General Partner                                                                                                                                                                                                                                           |
| For General Partnerships                        | <input type="checkbox"/> Partner <input type="checkbox"/> Authorized Representative of Partner                                                                                                                                                                                                                                                           |
| For Limited Liability Partnerships              | <input type="checkbox"/> General Partner <input type="checkbox"/> Authorized Representative of General Partner                                                                                                                                                                                                                                           |
| For Member-Managed Limited Liability Companies  | <input type="checkbox"/> Member <input type="checkbox"/> Authorized Representative of Member                                                                                                                                                                                                                                                             |
| For Manager-Managed Limited Liability Companies | <input type="checkbox"/> Manager <input type="checkbox"/> Authorized Representative of Manager                                                                                                                                                                                                                                                           |
| For Unincorporated Associations                 | <input checked="" type="checkbox"/> Chairman of the Board <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary<br><input type="checkbox"/> Assistant Secretary <input type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Treasurer <input type="checkbox"/> Assistant Treasurer |

X

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Today's Date (mm/dd/yyyy) \_\_\_\_\_

Title (Select only one from the table below.)

|                                                 |                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| For Sole Proprietorships                        | <input type="checkbox"/> Owner                                                                                                                                                                                                                                                                                                                |
| For Limited Partnerships                        | <input type="checkbox"/> General Partner <input type="checkbox"/> Authorized Representative of General Partner                                                                                                                                                                                                                                |
| For General Partnerships                        | <input type="checkbox"/> Partner <input type="checkbox"/> Authorized Representative of Partner                                                                                                                                                                                                                                                |
| For Limited Liability Partnerships              | <input type="checkbox"/> General Partner <input type="checkbox"/> Authorized Representative of General Partner                                                                                                                                                                                                                                |
| For Member-Managed Limited Liability Companies  | <input type="checkbox"/> Member <input type="checkbox"/> Authorized Representative of Member                                                                                                                                                                                                                                                  |
| For Manager-Managed Limited Liability Companies | <input type="checkbox"/> Manager <input type="checkbox"/> Authorized Representative of Manager                                                                                                                                                                                                                                                |
| For Unincorporated Associations                 | <input type="checkbox"/> Chairman of the Board <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary<br><input type="checkbox"/> Assistant Secretary <input type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Treasurer <input type="checkbox"/> Assistant Treasurer |

**11. Required Certificate of Authority and Resolution (Complete only for Non-Incorporated Organizations.)**

The Organization adopts the following Certificate of Authority and Resolution.

Each of the undersigned hereby certifies, warrants, and represents to Charles Schwab & Co., Inc. ("Schwab") that the Organization is authorized as follows.

1. The Organization is (select ONLY one):

- A Member-Managed Limited Liability Company (LLC), and the undersigned represent all Members of the LLC
- A Manager-Managed LLC, and the undersigned represent all Managers of the LLC
- A Limited Partnership, and the undersigned represent all General Partners of the Limited Partnership
- A General Partnership, and the undersigned represent all Partners of the General Partnership
- A Limited Liability Partnership (LLP), and the undersigned represent all Partners of the LLP
- An Unincorporated Association, and the undersigned holds the office of \_\_\_\_\_
- A Sole Proprietorship, and I am engaged in business under the name of the Organization, and all property in that name belongs to me and is my sole property. I further warrant, represent, and certify that I am the sole owner of the business so conducted and that no other person, firm, corporation, or other entity has any interest in the business.

2. Each individual whose signature appears in Section 6 (each an Authorized Individual) is authorized to (1) provide tax certifications; (2) establish, maintain, and operate the account(s) with Schwab on behalf of the Organization and to bind the Organization to the Application Agreement and all incorporated agreements and disclosures, including, but not limited to, the Schwab One Account Agreement and the *Charles Schwab Pricing Guide*, each as amended from time to time (the "Agreement and Disclosures"); and (3) designate persons to operate such account(s).

3. Each Authorized Individual is authorized to act individually, independently, and without the consent of the owner, member, manager, or partner of the Organization. Notice sent to any Authorized Individual will constitute notice to the Organization. Nothing in the organizational documents, agreements, and laws governing the Organization imposes any obligation upon Schwab for determining the purpose or propriety (i) of any instructions received from any Authorized Individual or (ii) of payments or deliveries to or among Authorized Individuals.

4. In the exercise of such authority, each Authorized Individual is empowered, on behalf of the Organization, to use or acquire any service offered by Schwab and its affiliates and to execute and deliver any and all documents, in the name of and on behalf of the Organization as may be requested or required by Schwab. This authority includes the power to open, now or in the future, one or more accounts, and with respect to each account, to execute, on behalf of the Organization, any and all forms and agreements, including, but not limited to, agreements to arbitrate controversies, and to deal and transact with Schwab in connection with the accounts, including the authority to (i) obtain and terminate all such services as Schwab (or its affiliates or third-party service providers) may offer in connection with the accounts (including without limitation any margin lending or Internet-based online services) and to execute on behalf of the Organization such documents and agreements as required by Schwab in connection with such services; (ii) appoint one or more individuals to act on behalf of the Organization as an Authorized Individual with regard to the Organization's accounts with authority as described herein or in such forms and to deliver to Schwab any change form for an Authorized Individual, Power of Attorney, or other document to effect or evidence such appointment; and (iii) terminate any Authorized Individual's authority to act on the account. This authority also includes the power to instruct the transfer of funds, securities, and other assets, including, but not limited to, the entire account, by wire, check, or otherwise from the account to or for the account of any other person, including the Authorized Individual giving the instruction, without limit as to amount and without inquiry. This authority also includes the power to (i) give written, oral, or electronic instructions to Schwab to buy or sell stocks, bonds, options and/or other securities, commodities and commodity futures, and other property, whether for immediate or future delivery; and (ii) secure payment with property of the Organization, including, but not limited to, stocks, bonds, options, and/or other securities.
5. The authority thereby conferred is not inconsistent or in conflict with any organizational documents, resolutions, agreements, other applicable constituent documents, or laws governing the Organization and is within the Organization's power and authority and agreements and laws governing the Organization.
6. In case of the death or withdrawal of any one of the partners or members, or in case of the termination or dissolution of the Organization, each of the undersigned agrees to notify Schwab promptly in writing and to execute any supplementary authorization that Schwab may require in such an event. If Schwab is not notified in writing, Schwab is authorized to continue to receive orders for the account(s) that may be given to Schwab by any one of the Authorized Individuals then surviving.
7. All actions previously taken with respect to matters described in this Certificate are ratified, confirmed, and approved. This Certificate will remain in full force and effect until written notice of its revocation is delivered to and receipt is acknowledged by Schwab. Until such revocation and acknowledgement, Schwab may rely on this authorization without question.

**Required Signatures for Section 11**

**Sole Proprietorship:** Owner must sign.

**Limited Partnership:** All General Partners must sign.

**General Partnership:** All Partners must sign.

**Limited Liability Partnership:** All General Partners must sign.

**Member-Managed Limited Liability Company:** All Members must sign.

**Manager-Managed Limited Liability Company:** All Managers must sign.

**Unincorporated Association:** A minimum of two officers must sign. One signature must be from the Chairman of the Board, the President, or any Vice President; the second signature must be from the Secretary, any Assistant Secretary, the Chief Financial Officer, the Treasurer, or any Assistant Treasurer.

Please complete all four signature fields: (1) sign name, (2) print name, (3) enter date, and (4) select title. Schwab cannot complete these fields on your behalf—failure to complete all four fields will delay the processing of your application.

X

Signature

Print Name

Today's Date (mm/dd/yyyy)

Title (Select only one from the table below.)

|                                                 |                                                           |                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| For Sole Proprietorships                        | <input type="checkbox"/> Owner                            |                                                                                                                                                                                                                                                                                                |
| For Limited Partnerships                        | <input type="checkbox"/> General Partner                  | <input type="checkbox"/> Authorized Representative of General Partner                                                                                                                                                                                                                          |
| For General Partnerships                        | <input type="checkbox"/> Partner                          | <input type="checkbox"/> Authorized Representative of Partner                                                                                                                                                                                                                                  |
| For Limited Liability Partnerships              | <input type="checkbox"/> General Partner                  | <input type="checkbox"/> Authorized Representative of General Partner                                                                                                                                                                                                                          |
| For Member-Managed Limited Liability Companies  | <input type="checkbox"/> Member                           | <input type="checkbox"/> Authorized Representative of Member                                                                                                                                                                                                                                   |
| For Manager-Managed Limited Liability Companies | <input type="checkbox"/> Manager                          | <input type="checkbox"/> Authorized Representative of Manager                                                                                                                                                                                                                                  |
| For Unincorporated Associations                 | <input checked="" type="checkbox"/> Chairman of the Board | <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary<br><input type="checkbox"/> Assistant Secretary <input type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Treasurer <input type="checkbox"/> Assistant Treasurer |

**X**

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Today's Date (mm/dd/yyyy) \_\_\_\_\_

Title (Select only one from the table below.)

|                                                 |                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| For Sole Proprietorships                        | <input type="checkbox"/> Owner                                                                                                                                                                                                                                                                                                                |
| For Limited Partnerships                        | <input type="checkbox"/> General Partner <input type="checkbox"/> Authorized Representative of General Partner                                                                                                                                                                                                                                |
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| For Limited Liability Partnerships              | <input type="checkbox"/> General Partner <input type="checkbox"/> Authorized Representative of General Partner                                                                                                                                                                                                                                |
| For Member-Managed Limited Liability Companies  | <input type="checkbox"/> Member <input type="checkbox"/> Authorized Representative of Member                                                                                                                                                                                                                                                  |
| For Manager-Managed Limited Liability Companies | <input type="checkbox"/> Manager <input type="checkbox"/> Authorized Representative of Manager                                                                                                                                                                                                                                                |
| For Unincorporated Associations                 | <input type="checkbox"/> Chairman of the Board <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Secretary<br><input type="checkbox"/> Assistant Secretary <input type="checkbox"/> Chief Financial Officer <input type="checkbox"/> Treasurer <input type="checkbox"/> Assistant Treasurer |

**PRINT**