

## **Board Meeting Attendance Request**

Name	Telephone No
	Account No
Addreess	
Specific purpose for requesting such attenda your comments and concerns.	ance. Include any action you desire this Board to take after hearing
Nomes addresses and talanhan anymhan at	f any persons you desire to attend the Board Meeting with you and
-	ber of the Cooperative, your attorney, or other capacity.
state why. Describe whether they are a mem	ber of the Cooperative, your attorney, or other capacity.
state why. Describe whether they are a mem	ber of the Cooperative, your attorney, or other capacity.  undersigned hereby acknowledges that he/she has received a copy of
By signing and submitting this request, the unBoard Policy No. 112 and agrees to abide by	ber of the Cooperative, your attorney, or other capacity.  Indersigned hereby acknowledges that he/she has received a copy of the provisions contained therein.
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By signing and submitting this request, the unboard Policy No. 112 and agrees to abide by Signature:  (TO BE  APPROVAL OF BOA  eral Manager: eral Counsel: crd President:	ber of the Cooperative, your attorney, or other capacity.  Indersigned hereby acknowledges that he/she has received a copy of the provisions contained therein.  Date:
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**Browning Office** P.O. Box 609 Browning, MT 59417 (406) 338-5400