



AGENDA

Logan County Board of Commissioners
Logan County Courthouse, 315 Main Street, Sterling, Colorado
Tuesday, March 3, 2020 - 9:30 a.m.

Call to Order
Pledge of Allegiance
Revisions to Agenda
Consent Agenda

Approval of the Minutes of the February 18, 2020 meeting.

Acknowledge the receipt of the Veteran's Service Officer's Report and Certification of Pay form for the month of February 2020.

Acknowledge the receipt of the Sheriff's Fee Report for January 2020.

Consideration of the appointment of members to the Logan County Shooting Sports Board.

Consideration of the appointment of Morgan Lulf to the Logan County Fair Board for the Commercial Exhibits and Parking Chairman position.

Approval of an application for renewal of a Fermented Malt Beverage Liquor License on behalf of F & H Park and Recreation District, 43355 CR 30, Fleming, Colorado.

Approval of an application for renewal of a Retail Liquor Store License on behalf of Reata Liquors, Inc., 29525 Highway 55 & 176, Crook, CO 80726.

Unfinished Business

Consideration of the award of the proposal for the purchase two new, tandem axle, heavy duty diesel dump trucks for use hauling towing trailer and snow plowing for the Logan County Road and Bridge Department.

New Business

The Board will open a public hearing to consider the approval of an application submitted by the Community Foundation of Northern Colorado for a Special Events Liquor License for an event to be held at the Logan County Fairgrounds on June 6, 2020.

Consideration of the approval of an agreement between Logan County and Sitewise for Xcel and issuance of Right of Way Permit #2020-5 for use of the County Right of Way under Corene Rd for a gas line.

Consideration of the approval of Eligible Entity Reimbursement Information concerning reimbursement from the TV Broadcaster Relocation Fund for the following TV Translator Stations on the Logan County TV Translator System:

- K44FL-D.
- K46CY-D.
- K47NQ-D.
- K48DQ-D.
- K49MF-D.
- K50EE-D.

Other Business

Miscellaneous Business/Announcements

The next meeting will be scheduled for Tuesday, March 17, 2020, at 9:30 a.m. at the Logan County Courthouse.

Executive Session as Needed

Executive session as allowed by C.R.S. sections 24-6-402(4)(b) and (e) for the purpose of receiving legal advice and providing direction to legal staff or negotiators on matters involving oil and gas rulemaking.

Adjournment

February 18, 2020

The Logan County Board of Commissioners met in regular session with the following members present constituting a quorum of the members thereof:

Joseph A. McBride
Jane Bauder
Byron Pelton

Chairman
Commissioner
Commissioner

Also present:

Alan Samber
Pamela M. Bacon
Rachelle Stebakken
Rob Quint
Jerry Casebolt
Dave Conley
David Lieber
Yvonne Draxler
John Holman
Viola Holman
Tom Kiel
Jeff Rice

Logan County Attorney - Absent
Logan County Clerk
Logan County Deputy Clerk
Planning and Zoning
Emergency Management
Lodging Tax Board

Journal Advocate

Chairman McBride called the meeting to order at 9:30 a.m. The meeting opened with the Pledge of Allegiance. Chairman McBride asked if there were any revisions for the agenda. Commissioner Pelton moved to table indefinitely Shooting Sports Board: Reappoint Terry Schmidt; Appoint members to fill four vacancies under Consent Agenda and remove under New Business: The Board will open proposals for the purchase and installation of a GPS Fleet Tracking System for designated County vehicles/equipment due to no bids being turned in. Commissioner Bauder seconded and the motion carried 3-0.

The Board continued with the Consent Agenda items:

- Approval of the Minutes of the February 4, 2020 meeting.
- Acknowledgment of the receipt of the Treasurer's Report for January 2020.
- Acknowledgment of the receipt of the Landfill Supervisor's Report for January 2020.
- Acknowledgement of the receipt of the Clerk and Recorder's Report for January 2020.
- Consideration of the appointments/re-appointment of the members to the following advisory boards:
 - Logan County Planning Commission: Reappoint Thomas Kiel and Jerry Wernsman
 - Lodging Tax Board: Reappoint David Conley and Lana Hahn

Commissioner Bauder moved to approve the Consent Agenda. Commissioner Pelton seconded and the motion carried 3-0.

Chairman McBride continued with Unfinished Business:

Commissioner Pelton moved to award the proposal for the purchase of one, new, tandem axle, heavy duty diesel, conventional truck tractor chassis for the Logan County Road and Bridge Department to Transwest for \$113,716.00. Commissioner Bauder seconded and the motion carried 3-0.

Commissioner Bauder moved to award the proposal for the purchase of two, new motor graders for the Logan County Road and Bridge Department to Wagner Equipment for \$270,852.78 per motor grader including warranty. Commissioner Pelton seconded and the motion carried 3-0.

Chairman McBride continued with New Business:

The Board opened proposals for the purchase of two new, tandem axle, heavy duty diesel dump trucks for use hauling towing trailer and snow plowing for the Logan County Road and Bridge Department.

- Transwest - \$273,843.00
- McCandless Truck Center - \$283,718.00

Commissioner Bauder moved to refer these bids to Jeff Reeves with Logan County Road and Bridge Department for his recommendation. Commissioner Pelton seconded and the motion carried 3-0.

Consideration of the approval of the following Logan County Lodging Tax Board Projects:

- Sportsman Experience 2020 - \$5,000.00
- 47th IFCA Finals - \$5,800.00.
- High Plains Outdoor Show, Truck and Tractor Pull - \$4,200.00
- Mile High Sports Magazine - \$2,700.00.

Commissioner Pelton moved to approve the Logan County Lodging Tax Board Project Sportsman Experience 2020 in the amount of \$5,000.00. Commissioner Bauder seconded and the motion carried 3-0.

Commissioner Bauder moved to approve the Logan County Lodging Tax Board Project 47th IFCA Finals in the amount of \$5,800.00. Commissioner Pelton seconded and the motion carried 3-0.

Commissioner Pelton moved to approve the Logan County Lodging Tax Board Project High Plains Outdoor Show, Truck and Tractor Pull in the amount of \$4,200.00. Commissioner Bauder seconded and the motion carried 3-0.

- Dave Lieber with NJC Young Farmers explained the event.

Commissioner Bauder moved to approve the Logan County Lodging Tax Board Project Mile High Sports Magazine in the amount of \$2,700.00. Commissioner Pelton seconded and the motion carried 3-0.

Commissioner Pelton moved to approve Resolution 2020-07 for a subdivision exemption on behalf of Viola F. Holman and John A. Holman to create a 5.00-acre parcel from a 77.85-acre parcel in an Agriculture (A) Zone District in the Southeast Quarter (SE1/4) of Section 28, Township 8 North, Range 53 West of the Sixth Principal Meridian, Logan County, Colorado. Commissioner Bauder seconded and the motion carried 3-0.

Commissioner Bauder moved to approve an agreement between Logan County and Viaero Fiber Networks, LLC and issuance of Right of Way Permit #2020-2 for use of the County Right of Way Under CR 27 and CR 34 for a fiber optic telecommunication line. Commissioner Pelton seconded and the motion carried 3-0.

Commissioner Pelton moved to approve an agreement between Logan County and Sitewise/Xcel for issuance of Right of Way Permit #2020-3 for use of the County Right of Way under 402 Park Circle Drive for a gas line. Commissioner Bauder seconded and the motion carried 3-0.

Commissioner Bauder moved to approve an agreement between Logan County and Hooper Corporation and issuance of Right of Way Permit #2020-4 for use of the County Right of Way under Pawnee Drive for an underground electric cable. Commissioner Pelton seconded and the motion carried 3-0.

Commissioner Pelton moved to approve a contract between Logan County and Turn Key Health Clinics, LLC for Healthcare Personnel and Administration at the Logan County Detention Center and allow the Chairman to sign. Commissioner Bauder seconded and the motion carried 3-0.

The next business meeting will be scheduled for Tuesday, March 3, 2020, at 9:30 a.m. at the Logan County Courthouse.

There being no further business to come before the Board, the meeting adjourned at 10:00 a.m.

Submitted by:



Logan County Deputy Clerk

Approved: March 3, 2020

BOARD OF COUNTY COMMISSIONERS
LOGAN COUNTY, COLORADO

(seal)

By: _____
Joe McBride, Chairman

Attest:

Logan County Clerk & Recorder

emailed to
Jennifer
02.26.2020 (8)

CIVIL PAYMENTS						
Jan-20						
Date	Check #	Business Check #	Sheriff #	Amount	Amount of Refund	Amount Owed to County
1/14/2020	705	15482	2020-16	\$ 43.00	\$ 8.00	\$ 35.00
1/22/2020	706	615968	2020-41	\$ 48.00	\$ 5.00	\$ 43.00
1/27/2020	707	615958	2020-43	\$ 40.00	\$ 5.00	\$ 35.00
1/27/2020	708	17-945016296	2020-46	\$ 35.00	\$ 15.00	\$ 20.00
1/29/2020	709	257877	2020-50/51	\$ 50.00	\$ 5.00	\$ 45.00
1/31/2020	710	618069	2020-60	\$ 51.00	\$ 20.00	\$ 31.00
1/31/2020	711	2489	2020-53	\$ 35.00	\$ 15.00	\$ 20.00
1/31/2020	712	618084	2020-54	\$ 40.00	\$ 20.00	\$ 20.00
				Total Owed to County		\$ 249.00

CIVIL PAYMENTS CREDIT CARDS					
Jan-20					
Date	Check #	Sheriff #	Amount	Amount of Refund	Amount Owed to County
1/7/2020		2020-21/22	\$ 45.00	\$ -	\$ 45.00
1/8/2020		2020-26	\$ 35.00	\$ -	\$ 35.00
1/9/2020		2020-8	\$ 35.00	\$ -	\$ 35.00
1/13/2020		2020-9/10/11	\$ 60.00	\$ -	\$ 60.00
1/13/2020		2020-27	\$ 35.00	\$ -	\$ 35.00
1/24/2020		2020-42	\$ 80.00	\$ -	\$ 80.00
1/24/2020		2020-44/45	\$ 45.00	\$ -	\$ 45.00
1/27/2020		2020-47	\$ 10.00	\$ -	\$ 10.00
1/29/2020		2020-56	\$ 48.00	\$ -	\$ 48.00
				Total Owed to County	\$ 393.00

VINS/NOTARY/RECORDS REQUEST CREDIT CARDS					
Jan-20					
Date		Sheriff #	Amount	Amount of Refund	Amount Owed to County
1/7/2020			\$ 10.00	\$ -	\$ 10.00
1/16/2020			\$ 50.00	\$ -	\$ 50.00
				Total Owed to County	\$ 60.00

CHP CREDIT CARDS			
Jan-20			
Date		Amount	Amount Owed to County
1/10/2020		\$ 152.50	\$ 152.50
1/21/2020		\$ 152.50	\$ 152.50
1/27/2020		\$ 152.50	\$ 152.50
1/29/2020		\$ 152.50	\$ 152.50
1/30/2020		\$ 63.00	\$ 63.00
2/3/2020		\$ 52.50	\$ 52.50
		Total Owed to County	\$ 725.50

CIVIL CHECKS \$ 249.00
 CIVIL CREDIT CARDS \$ 393.00
 RECORDS/VIN/FINGERPRINTS CREDIT CARDS \$ 60.00
 CHP CREDIT CARDS \$ 725.50
 TOTAL PAID TO GENERAL FUND \$ 1,427.50 Check#713

DEPOSIT TAKEN TO BANK OF COLORADO \$ 342.00

SEX OFFENDER CREDIT CARDS					
Jan-20					
Date		Sheriff #	Amount	Amount of Refund	Amount Owed to County
1/14/2020			\$ 10.00	\$ -	\$ 10.00
				Total Owed to County	\$ 10.00

SEX OFFENDER CREDIT CARDS \$ 10.00
 TOTAL PAID TO GENERAL FUND \$ 10.00 Check#714



Colorado Department of Military and Veterans Affairs
County Veterans Service Officers Monthly Report and Certification of Pay

County of Logan Month of February 2020

GENERAL INFORMATION		REQUEST FOR MEDICAL RECORDS	
Telephone Calls *	213	21-4142 & 21-4142a	03/03
Office Visits	53	MILITARY RECORDS/CORRECTIONS	
Home Visits	14	SF180	02
Outreach Visits	01	DD149	-0-
Community Events	-0-	DD293	-0-
Request for Medal	-0-	NA13075	-0-
Operation Recognition	-0-	Other	-0-
Correspondence Rec'd	03	NSC PENSION	
Correspondence Written	15	21-527EZ	-0-
Info/Referral/Inquiries	04	21-8416	-0-
VCAA Notice	-0-	WIDOWS PENSION	
State Benefits	-0-	21-534EZ	01
Income Verifications	-0-	21-8416	-0-
NEW CLAIMS INITIATED		DIC	
21-22 CVA	08	21-5234EZ	-0-
21-22 others		WAIVERS/COMPROMISE	
SC ENTITLEMENT		21-5655	-0-
21-526EZ	08	APPEALS	
21-0966 Informal	07	21-0985 NOD	-0-
21-4138	06	VA Form 9	-0-
21-526EZ Reinstate	-0-	20-0995	03
21-526EZ IU	-0-	20-0996	01
21-8940 IU	-0-	10182	-0-

SC ENTITLEMENT CONTINUED		INSURANCE CLAIMS	
21-4192 IU Employer	- 0 -	29-357	- 0 -
21-4138 SMC	- 0 -	29-4364	- 0 -
21-686c Dependency	- 0 -	29-336 Beneficiary	- 0 -
21-674 School Attendance	- 0 -	29-4125 Lump Sum	- 0 -
VA HEALTHCARE		VTF REQUESTS	
10-10EZ / 10-10EZR	01/01	Rental Assistance	- 0 -
CHAMPVA	- 0 -	Utilities Assistance	- 0 -
HOMELESS VETERANS CLAIMS		Prescription Assistance	- 0 -
Service Connection	- 0 -	Food Assistance	- 0 -
NSC Pension	- 0 -	Transportation Assistance	- 0 -
VOC REHAB		Clothing Assistance	- 0 -
28-1900 CH31	- 0 -	Other	- 0 -
MISC CLAIMS		VA HOME LOAN	
21-8678 Clothing Allow	- 0 -	26-1800	- 0 -
21-4502 Adaptive Equip.	- 0 -	26-1817	- 0 -
26-4555 Housing	- 0 -	SURVEYS	
10-0103 HISA Grant	- 0 -	County VSO Feedback and Comment Forms Submitted:	06
CRSC	- 0 -	OTHER	
BURIAL ALLOWANCE		Calls* to vets / from vets / about vets	72 / 72 / 69
21P-530	- 0 -	Emails from vets / to vets / about vets	15 / 15 / 125
40-1330	- 0 -	Text messages from vets / to vets / about	35 / 29 / 03
21-2008	- 0 -	21P-0960 / 21-2680 / 21-0799 vets	01 / 01 / 01
INCARCERATED VETERANS		CVA6 (Janesville) / Denver	14 / 03
21-526EZ Reinstatement	- 0 -		
21-4138 Apportionment	- 0 -		

Certification by County Veterans Service Officer

I hereby certify, the above captioned monthly report is true and accurate. I have been paid the following amount(s) for the month of February, 2020 from Logan county.

Salary	\$ <u>2,213.56</u>
Expenses	\$ <u>-0-</u>
Office Space	\$ <u>-0-</u>
Telephone	\$ <u>84.23</u>
Office Supplies	\$ <u>54.24</u>
Travel	\$ <u>-0-</u>
Training Conference	\$ <u>-0-</u>
Other <u>Postage</u>	\$ <u>23.80</u>
 TOTAL	 \$ <u>2,375.83</u>


Signature of County Veterans Service Officer

02/27/2020
Date

Certification by County Commissioner or Designee

In accordance with CRS 28-5-707, I hereby certify the accuracy of the Report CVA-26 revised 2-15-2019:

County Commissioner or Designee of

County

Date

This certification, submitted monthly, properly signed and executed is considered as application for the monetary benefits to the County General Fund in accordance with 28-5-804 (2002) Colorado Revised State Statute.

Submit this form no later than the 15th day the following month.

Mail to:
Colorado Division of Veterans Affairs
Attention: Director
1355 South Colorado Blvd.
Building C, Suite 113
Denver, Colorado 80222



ROAD & BRIDGE DEPARTMENT

12603 County Road 33

Sterling, CO 80751

970-522-3426

JD

February 24, 2020

Logan County Commissioners
315 Main Street
Sterling, CO 80751

Dear Board of County Commissioners:

The Logan County Road & Bridge Department is recommending awarding the 2020 proposal for Two (2) tandem axle, heavy duty diesel Dump Trucks for use hauling, towing and snow plowing to Transwest Truck Trailer RV, 20770 E. I-76 Frontage Road Brighton, CO 80603. The proposal was for Freightliner 114SD 2021 Models for \$136,921.50 each, total \$273,843.00 This is \$23,078.50 each, total \$46,157.00 under budgeted amount.

Transwest was the low proposal as well as meeting or exceeding required specifications.

Other vendor proposals not recommended:

McCandless Truck Center, LLC for HX520SFA model for \$141,859.00 each. Total \$283,718.00

Sincerely,

Jeff Reeves
Logan County Road & Bridge Manager

Submit to Local Licensing Authority

**F&H PARK AND RECREATION DIST
PO BOX 51
Haxtun CO 80731-0051**

Fees Due		
Renewal Fee		117.50
Storage Permit	\$100 X _____	\$
Sidewalk Service Area	\$75.00	\$
Additional Optional Premise Hotel & Restaurant	\$100 X _____	\$
Related Facility - Campus Liquor Complex	\$160.00 per facility	\$
Amount Due/Paid		\$

Make check payable to: Colorado Department of Revenue. The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department may collect the payment amount directly from your banking account electronically.

Retail Liquor or Fermented Malt Beverage License Renewal Application

Please verify & update all information below

Return to city or county licensing authority by due date

Licensee Name F&H PARK AND RECREATION DIST			Doing Business As Name (DBA) F&H PARK AND RECREATION DIST	
Liquor License # 14-43024-0000	License Type Fermented Malt	Sales Tax License # 14430240000	Expiration Date 04/13/2020	Due Date 02/28/2020
Business Address 43355 CR 30 Fleming CO 80728-9604				Phone Number 3037746362
Mailing Address PO BOX 51 Haxtun CO 80731-0051			Email 970	
Operating Manager Sheri Bornhoft	Date of Birth 3/21/63	Home Address 7921 CR 85 Fleming CO 80728		Phone Number 970-520-2659
1. Do you have legal possession of the premises at the street address above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are the premises owned or rented? <input checked="" type="checkbox"/> Owned <input type="checkbox"/> Rented* *If rented, expiration date of lease _____				
2. Are you renewing a storage permit, additional optional premises, sidewalk service area, or related facility? If yes, please see the table in upper right hand corner and include all fees due. <input type="checkbox"/> Yes <input type="checkbox"/> No				
3a. Since the date of filing of the last application, has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC), or any other person with a 10% or greater financial interest in the applicant, been found in final order of a tax agency to be delinquent in the payment of any state or local taxes, penalties, or interest related to a business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
3b. Since the date of filing of the last application, has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC), or any other person with a 10% or greater financial interest in the applicant failed to pay any fees or surcharges imposed pursuant to section 44-3-503, C.R.S.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
4. Since the date of filing of the last application, has there been any change in financial interest (new notes, loans, owners, etc.) or organizational structure (addition or deletion of officers, directors, managing members or general partners)? If yes, explain in detail and attach a listing of all liquor businesses in which these new lenders, owners (other than licensed financial institutions), officers, directors, managing members, or general partners are materially interested. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
5. Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been convicted of a crime? If yes, attach a detailed explanation. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
6. Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been denied an alcohol beverage license, had an alcohol beverage license suspended or revoked, or had interest in any entity that had an alcohol beverage license denied, suspended or revoked? If yes, attach a detailed explanation. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
7. Does the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) have a direct or indirect interest in any other Colorado liquor license, including loans to or from any licensee or interest in a loan to any licensee? If yes, attach a detailed explanation. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Affirmation & Consent

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct and complete to the best of my knowledge.

Type or Print Name of Applicant/Authorized Agent of Business <i>Daniel J Helgoth</i>	Title <i>Treasurer</i>
Signature <i>D J Helgoth</i>	Date <i>Feb. 18, 2020</i>

Report & Approval of City or County Licensing Authority

The foregoing application has been examined and the premises, business conducted and character of the applicant are satisfactory, and we do hereby report that such license, if granted, will comply with the provisions of Title 44, Articles 4 and 3, C.R.S., and Liquor Rules.

Therefore this application is approved.

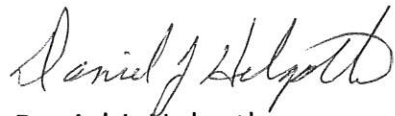
Local Licensing Authority For		Date
Signature	Title	Attest

☐ Corporation **See Instructions and Fee Schedule on Page 2**

Attachment to Retail or Fermented Malt Beverage License Renewal Application,
F&H Park and Recreation District dated Feb. 18, 2020:

With respect to Question 4 on the Application, Daniel J. Helgoth has replaced
Douglas J. Atkin as the Treasurer of F&H Park and Recreation District.

I have no material interest in any other liquor business.

A handwritten signature in cursive script, reading "Daniel J. Helgoth". The signature is written in dark ink and is positioned above the printed name.

Daniel J. Helgoth

February 18, 2020

Tax Check Authorization, Waiver, and Request to Release Information

I, Daniel J Helgoth am signing this Tax Check Authorization, Waiver and Request to Release Information (hereinafter "Waiver") on behalf of F&H Park & Recreation District (the "Applicant/Licensee") to permit the Colorado Department of Revenue and any other state or local taxing authority to release information and documentation that may otherwise be confidential, as provided below. If I am signing this Waiver for someone other than myself, including on behalf of a business entity, I certify that I have the authority to execute this Waiver on behalf of the Applicant/Licensee.

The Executive Director of the Colorado Department of Revenue is the State Licensing Authority, and oversees the Colorado Liquor Enforcement Division as his or her agents, clerks, and employees. The information and documentation obtained pursuant to this Waiver may be used in connection with the Applicant/Licensee's liquor license application and ongoing licensure by the state and local licensing authorities. The Colorado Liquor Code, section 44-3-101, et seq. ("Liquor Code"), and the Colorado Liquor Rules, 1 CCR 203-2 ("Liquor Rules"), require compliance with certain tax obligations, and set forth the investigative, disciplinary and licensure actions the state and local licensing authorities may take for violations of the Liquor Code and Liquor Rules, including failure to meet tax reporting and payment obligations.

The Waiver is made pursuant to section 39-21-113(4), C.R.S., and any other law, regulation, resolution or ordinance concerning the confidentiality of tax information, or any document, report or return filed in connection with state or local taxes. This Waiver shall be valid until the expiration or revocation of a license, or until both the state and local licensing authorities take final action to approve or deny any application(s) for the renewal of the license, whichever is later. Applicant/Licensee agrees to execute a new waiver for each subsequent licensing period in connection with the renewal of any license, if requested.

By signing below, Applicant/Licensee requests that the Colorado Department of Revenue and any other state or local taxing authority or agency in the possession of tax documents or information, release information and documentation to the Colorado Liquor Enforcement Division, and is duly authorized employees, to act as the Applicant's/Licensee's duly authorized representative under section 39-21-113(4), C.R.S., solely to allow the state and local licensing authorities, and their duly authorized employees, to investigate compliance with the Liquor Code and Liquor Rules. Applicant/Licensee authorizes the state and local licensing authorities, their duly authorized employees, and their legal representatives, to use the information and documentation obtained using this Waiver in any administrative or judicial action regarding the application or license.

Name (Individual/Business) <u>F&H Park and Recreation District</u>		Social Security Number/Tax Identification Number <u>84-0933328</u>	
Address <u>7921 CR 85 -> Physical - Mailing - PO Box 51 Abxton CO 80731</u>			
City <u>Fleming</u>		State <u>CO</u>	Zip <u>80728</u>
Home Phone Number		Business/Work Phone Number <u>970 774 6362</u>	
Printed name of person signing on behalf of the Applicant/Licensee <u>Daniel J Helgoth</u>			
Applicant/Licensee's Signature (Signature authorizing the disclosure of confidential tax information) <u>Daniel J Helgoth</u>			Date signed <u>Feb 18, 2020</u>

Privacy Act Statement

Providing your Social Security Number is voluntary and no right, benefit or privilege provided by law will be denied as a result of refusal to disclose it. § 7 of Privacy Act, 5 USCS § 552a (note).

Submit to Local Licensing Authority

**REATA LIQUORS
2170 EAST CHESTNUT STREET
Sterling CO 80751**

Fees Due		
Renewal Fee		312.50
Storage Permit	\$100 X _____	\$
Sidewalk Service Area	\$75.00	\$
Additional Optional Premise Hotel & Restaurant	\$100 X _____	\$
Related Facility - Campus Liquor Complex	\$160.00 per facility	\$
Amount Due/Paid		\$ 312.50

Make check payable to: Colorado Department of Revenue. The State may convert your check to a one-time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department may collect the payment amount directly from your banking account electronically.

Retail Liquor or Fermented Malt Beverage License Renewal Application

Please verify & update all information below

Return to city or county licensing authority by due date

Licensee Name REATA LIQUORS INC.			Doing Business As Name (DBA) REATA LIQUORS	
Liquor License # 03-09893	License Type Liquor Store (county)	Sales Tax License # 042798880001	Expiration Date 05/13/2020	Due Date 03/29/2020
Business Address 29525 HIGHWAY 55 & I-76 Crook CO 80726				Phone Number 9708862900
Mailing Address 2170 EAST CHESTNUT STREET Sterling CO 80751			Email	
Operating Manager	Date of Birth	Home Address		Phone Number
1. Do you have legal possession of the premises at the street address above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are the premises owned or rented? <input type="checkbox"/> Owned <input checked="" type="checkbox"/> Rented* *If rented, expiration date of lease <u>3/31/2028</u>				
2. Are you renewing a storage permit, additional optional premises, sidewalk service area, or related facility? If yes, please see the table in upper right hand corner and include all fees due. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
3a. Since the date of filing of the last application, has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC), or any other person with a 10% or greater financial interest in the applicant, been found in final order of a tax agency to be delinquent in the payment of any state or local taxes, penalties, or interest related to a business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
3b. Since the date of filing of the last application, has the applicant, including its manager, partners, officer, directors, stockholders, members (LLC), managing members (LLC), or any other person with a 10% or greater financial interest in the applicant failed to pay any fees or surcharges imposed pursuant to section 44-3-503, C.R.S.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
4. Since the date of filing of the last application, has there been any change in financial interest (new notes, loans, owners, etc.) or organizational structure (addition or deletion of officers, directors, managing members or general partners)? If yes, explain in detail and attach a listing of all liquor businesses in which these new lenders, owners (other than licensed financial institutions), officers, directors, managing members, or general partners are materially interested. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
5. Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been convicted of a crime? If yes, attach a detailed explanation. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
6. Since the date of filing of the last application, has the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) been denied an alcohol beverage license, had an alcohol beverage license suspended or revoked, or had interest in any entity that had an alcohol beverage license denied, suspended or revoked? If yes, attach a detailed explanation. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
7. Does the applicant or any of its agents, owners, managers, partners or lenders (other than licensed financial institutions) have a direct or indirect interest in any other Colorado liquor license, including loans to or from any licensee or interest in a loan to any licensee? If yes, attach a detailed explanation. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

*Reata Liquors, 1305 N. Barlow Rd,
Fort Morgan CO 80701*

Affirmation & Consent

I declare under penalty of perjury in the second degree that this application and all attachments are true, correct and complete to the best of my knowledge.

Type or Print Name of Applicant/Authorized Agent of Business

Title

Kathy Sanger

President

Signature

Date

Kathy Sanger

2/17/2020

Report & Approval of City or County Licensing Authority

The foregoing application has been examined and the premises, business conducted and character of the applicant are satisfactory, and we do hereby report that such license, if granted, will comply with the provisions of Title 44, Articles 4 and 3, C.R.S., and Liquor Rules.

Therefore this application is approved.

Local Licensing Authority For

Date

Signature

Title

Attest

Tax Check Authorization, Waiver, and Request to Release Information

I, Kathy Sanger am signing this Tax Check Authorization, Waiver and Request to Release Information (hereinafter "Waiver") on behalf of Beata Liquors (the "Applicant/Licensee") to permit the Colorado Department of Revenue and any other state or local taxing authority to release information and documentation that may otherwise be confidential, as provided below. If I am signing this Waiver for someone other than myself, including on behalf of a business entity, I certify that I have the authority to execute this Waiver on behalf of the Applicant/Licensee.

The Executive Director of the Colorado Department of Revenue is the State Licensing Authority, and oversees the Colorado Liquor Enforcement Division as his or her agents, clerks, and employees. The information and documentation obtained pursuant to this Waiver may be used in connection with the Applicant/Licensee's liquor license application and ongoing licensure by the state and local licensing authorities. The Colorado Liquor Code, section 44-3-101. et seq. ("Liquor Code"), and the Colorado Liquor Rules, 1 CCR 203-2 ("Liquor Rules"), require compliance with certain tax obligations, and set forth the investigative, disciplinary and licensure actions the state and local licensing authorities may take for violations of the Liquor Code and Liquor Rules, including failure to meet tax reporting and payment obligations.

The Waiver is made pursuant to section 39-21-113(4), C.R.S., and any other law, regulation, resolution or ordinance concerning the confidentiality of tax information, or any document, report or return filed in connection with state or local taxes. This Waiver shall be valid until the expiration or revocation of a license, or until both the state and local licensing authorities take final action to approve or deny any application(s) for the renewal of the license, whichever is later. Applicant/Licensee agrees to execute a new waiver for each subsequent licensing period in connection with the renewal of any license, if requested.

By signing below, Applicant/Licensee requests that the Colorado Department of Revenue and any other state or local taxing authority or agency in the possession of tax documents or information, release information and documentation to the Colorado Liquor Enforcement Division, and is duly authorized employees, to act as the Applicant's/Licensee's duly authorized representative under section 39-21-113(4), C.R.S., solely to allow the state and local licensing authorities, and their duly authorized employees, to investigate compliance with the Liquor Code and Liquor Rules. Applicant/Licensee authorizes the state and local licensing authorities, their duly authorized employees, and their legal representatives, to use the information and documentation obtained using this Waiver in any administrative or judicial action regarding the application or license.

Name (Individual/Business) <u>Beata Liquors</u>		Social Security Number/Tax Identification Number <u>27-1894620</u>	
Address <u>29525 Hwy 55</u>			
City <u>Crook</u>		State <u>CO</u>	Zip <u>80726</u>
Home Phone Number <u>970-522-1499</u>		Business/Work Phone Number <u>970-522-0988</u>	
Printed name of person signing on behalf of the Applicant/Licensee <u>Kathy Sanger</u>			
Applicant/Licensee's Signature (Signature authorizing the disclosure of confidential tax information) <u>Kathy Sanger</u>			Date signed <u>2/17/2020</u>

Privacy Act Statement

Providing your Social Security Number is voluntary and no right, benefit or privilege provided by law will be denied as a result of refusal to disclose it. § 7 of Privacy Act, 5 USCS § 552a (note).

Application for a Special Events Permit

Departmental Use Only

In order to qualify for a Special Events Permit, You **Must Be Nonprofit** and **One of the Following** (See back for details.)

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Social | <input type="checkbox"/> Athletic | <input checked="" type="checkbox"/> Philanthropic Institution |
| <input type="checkbox"/> Fraternal | <input type="checkbox"/> Chartered Branch, Lodge Or Chapter | <input type="checkbox"/> Political Candidate |
| <input type="checkbox"/> Patriotic | <input type="checkbox"/> Of A National Organization Or Society | <input type="checkbox"/> Municipality Owning Arts Facilities |
| <input type="checkbox"/> Political | <input type="checkbox"/> Religious Institution | |

LIAB Type of Special Event Applicant is Applying for: 2110 <input checked="" type="checkbox"/> Malt, Vinous And Spirituous Liquor \$25.00 Per Day 2170 <input type="checkbox"/> Fermented Malt Beverage \$10.00 Per Day	DO NOT WRITE IN THIS SPACE Liquor Permit Number
--	---

1. Name of Applicant Organization or Political Candidate <i>Community Foundation of Northern Colorado</i>	State Sales Tax Number (Required) <i>98-09215-0000</i>
--	---

2. Mailing Address of Organization or Political Candidate (include street, city/town and ZIP) <i>4745 Wheaton Drive Ft. Collins CO 80525</i>	3. Address of Place to Have Special Event (include street, city/town and ZIP) <i>Logan County Fairgrounds 1120 Prairie Avenue Sterling CO 80751</i>
---	--

Name	Date of Birth	Home Address (Street, City, State, ZIP)	Phone Number
4. Pres./Sec'y of Org. or Political Candidate <i>RAY CARAWAY, President/CEO</i>	<i>12/11/61</i>	<i>12134 Mahogany Rd. Louisville CO 80538</i>	<i>970-224-3462</i>
5. Event Manager <i>John Chapelaine</i>	<i>9/6/66</i>	<i>310 N. Iris Ave Haxton CO 80731</i>	<i>970-580-1013</i>

6. Has Applicant Organization or Political Candidate been Issued a Special Event Permit this Calendar Year? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES HOW MANY DAYS? _____	7. Is premises now licensed under state liquor or beer code? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES TO WHOM? _____
---	--

8. Does the Applicant Have Possession or Written Permission for the Use of The Premises to be Licensed? ☒ Yes ☐ No

List Below the Exact Date(s) for Which Application is Being Made for Permit					
Date	Date	Date	Date	Date	
<i>June 6, 2020</i>					
Hours From <i>6:00</i> p.m.	Hours From .m.	Hours From .m.	Hours From .m.	Hours From .m.	
To <i>10:00</i> p.m.	To .m.	To .m.	To .m.	To .m.	

Oath of Applicant

I declare under penalty of perjury in the second degree that I have read the foregoing application and all attachments thereto, and that all information therein is true, correct, and complete to the best of my knowledge.

Signature <i>[Signature]</i>	Title <i>Director/Event Manager</i>	Date <i>1/22/20</i>
---------------------------------	--	------------------------

Report and Approval of Local Licensing Authority (City or County)

The foregoing application has been examined and the premises, business conducted and character of the applicant is satisfactory, and we do report that such permit, if granted, will comply with the provisions of Title 44, Article 5, C.R.S., as amended.

THEREFORE, THIS APPLICATION IS APPROVED.

Local Licensing Authority (City or County)	<input type="checkbox"/> City <input type="checkbox"/> County	Telephone Number of City/County Clerk
Signature	Title	Date

DO NOT WRITE IN THIS SPACE - FOR DEPARTMENT OF REVENUE USE ONLY

Liability Information			
License Account Number	Liability Date	State	Total
		-750 (999)	\$

Name :
Address :
Row Permit # _____

AGREEMENT TO USE LOGAN COUNTY RIGHT OF WAY
INDIVIDUAL PERMIT

THIS AGREEMENT made this (County fills in) _____ day of _____, _____, by and between the County of Logan, State of Colorado, hereinafter called "County", and Sara Giles / Site Wise the undersigned easement holder or landowner, hereinafter called "Applicant".

WHEREAS, Applicant owns the following described premises, or has an easement on, over or through said premises, to-wit (legal description): 13698 Corene Rd

_____ ; and

WHEREAS, Applicant desires to install and construct a new gas service line, which will be located (**Circle One**) along, (under) or across Corene Rd, to benefit the above described premises; and

WHEREAS, the County is willing to allow such installation and construction by Applicant, but only upon the terms and covenants contained herein.

NOW, THEREFORE, in consideration of paying the County the sum of **\$100.00** or **\$200.00** and keeping of the terms and covenants contained herein, the parties agree as follows:

- ☒ Applicant agrees to furnish the County in writing in advance of installation the exact location and dimensions of said installation and construction.
- ☒ Buried installations must be at no less than 48 inches below the lowest level of any borrow ditch paralleling the County Road and an "Individual permit" must be submitted for each instance.
- ☒ Applicant shall have the right to install and construct new gas service line, described above, in the right of way of Corene Rd, but such installation and construction shall be done only in the following manner. All work within the county ROW shall be performed only during regular business hours of the Logan County Road & Bridge Department to enable supervision and inspection of the work.
- ☒ All work authorized by this Agreement shall be completed no later than 3/18/2020.
- ☒ It is understood that no paved or oil-surfaced road shall be cut and will be crossed by boring only. For other roads and crossings of County property after installation. Applicant shall restore the surface to the same condition as existed prior to such construction.
- ☒ All cost and expense of installation, construction, maintenance, removal, or replacement is to be paid by the Applicant.
- ☒ The traveling public must be protected during this installation with proper warning signs or signals both day and night. Warning signs and signals shall be installed by and at the expense of Applicant.

SITWISE for Xcel
2020ROW-5 new gas line
13698 Corene Rd, Stlg

Name:
Address:
Row Permit # _____

☒ Applicant hereby releases the County from any liability for damages caused by said gas service line installation, whether caused by employees or equipment of the County, or others, at any time. Further, Applicant agrees to protect, save and hold harmless, and indemnify the County from and against all liability, loss, damages, personal injuries or expenses suffered by or imposed against the County by reason of the construction, installation or maintenance of the above described improvement.

☒ No perpetual easement or right of way is granted by this instrument and should Applicant's use of said right-of-way interfere with the County's use, or intended use of said right-of-way, Applicant will remove or relocate the same upon demand of the County. Applicant shall pay all costs of such removal or relocation.

☒ This Agreement shall be a covenant running with the above-described real property and shall be binding upon the parties hereto, their heirs, successors, personal representatives, and assigns.

☐ Other Provisions: _____

Owner #1

Printed name

Signature

Owner #2

Printed Name

Signature

Individual Right-of-Way Permit Applicant:

Sara Giles

Printed name

Signature

Address: 4725 Independence St
Wheat Ridge, CO 80033

Application Fee Paid \$100⁰⁰ #198710
2-18-2020 Rct. #1015

Signed at Sterling, Colorado the day and year first above written.

THE BOARD OF COUNTY COMMISSIONERS
LOGAN COUNTY, COLORADO

Joseph A. McBride (Aye) (Nay)

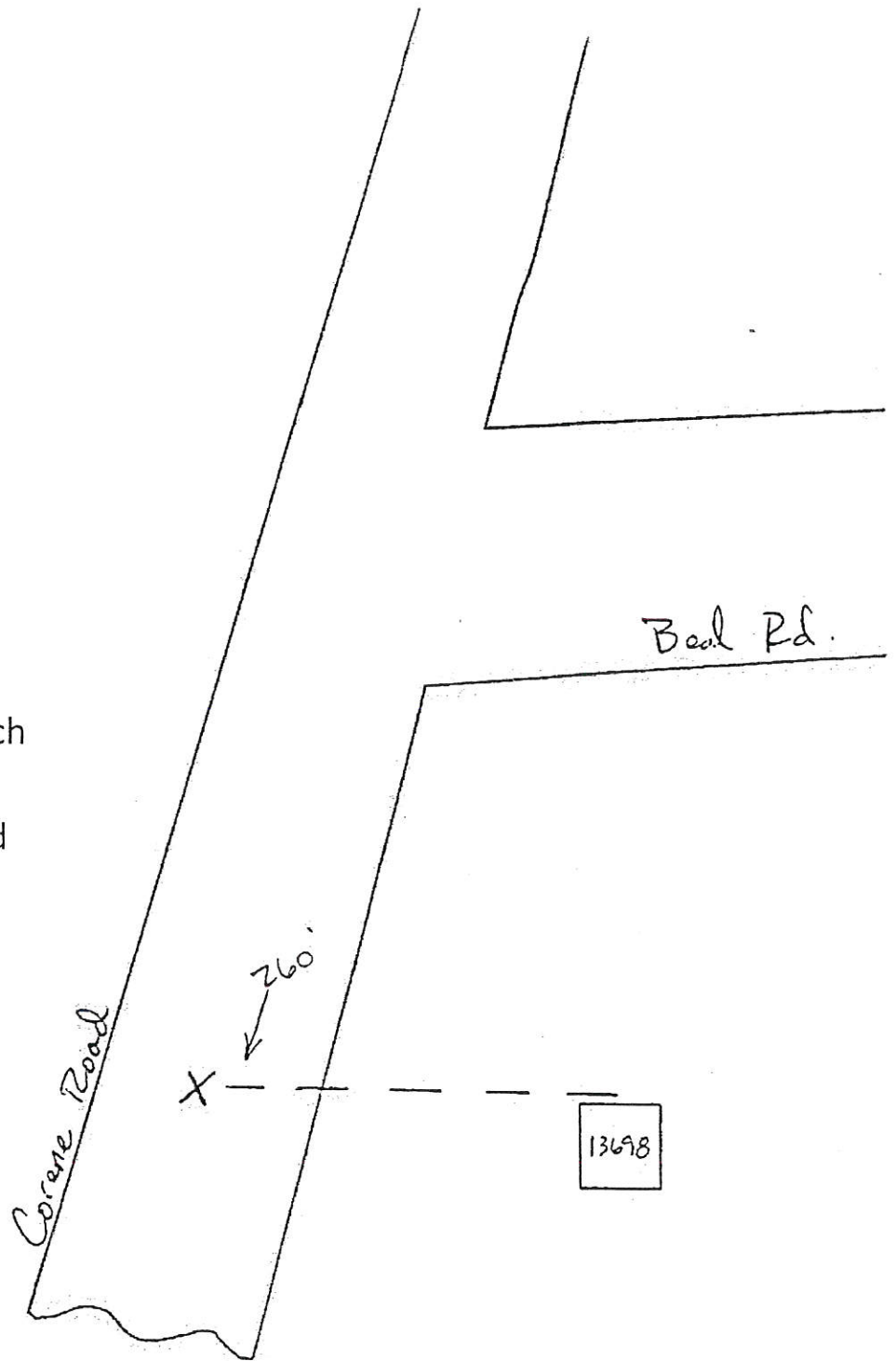
Byron H. Pelton (Aye) (Nay)

Jane E. Bauder (Aye) (Nay)

SITewise for Xcel
2020ROW-5 new gas line
13698 Corene Rd, Stlg



Directional Bore
To install new $\frac{3}{4}$ inch
Gas service at
13698 Corene Road



Work will begin at point X, 260 feet south of Beal Road, in the middle of Corene Road. At this point we will bore directly east onto private property at 13698 Corene Road.

SITewise for Xcel
2020ROW-5 new gas line
13698 Corene Rd, Stlg

**PAYMENT INSTRUCTIONS FROM THE ELIGIBLE ENTITY
SEEKING REIMBURSEMENT
FROM THE TV BROADCASTER RELOCATION FUND**

NOTICE: We have estimated that each response to this collection of information will take 6 hours, including both paper and on-line submissions. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the Form 1876 or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERF, Paperwork Reduction Project (3060-1223), Washington, DC 20554. We will also accept your comments via the Internet if you send them to pra@fcc.gov. Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1223, edition date April 2019.

Part 1: Eligible Entity Information

Eligible Entity – Only Check One.

- ☐ Full Power, Class A and Multichannel Video Programming Distributors (MVPD)
☒ Translators & Low Power TV (LPTV)
☐ FM Stations

1.a. Call Sign, if applicable, as of date of this Form 1876 **K44FL-D**
Note: Do not resubmit this Form 1876 if call sign changes in the future.

1.b. Business Name of the Eligible Entity as listed in the FCC's Commission Registration System (CORES)
Board of Logan County Commissioners

1.c. Taxpayer ID Number of the Eligible Entity (must be 9 digits). **846000782**

1.d. Enter the FCC Registration Number (FRN) of the Eligible Entity that is associated with the Facility Identifier Number (FIN)/ (FACID) or the MVPD File Number in 1.e., below.
0004255949

1.e. Enter the Broadcaster FIN or the MVPD File Number (include 5 (five) leading zeroes).
(The FIN is sometimes referred to as the Facility Identifier Number or the Facility ID Number, and is listed in Federal Communications Commission's (FCC or Commission) Licensing and Management System (LMS) at <https://enterpriseefiling.fcc.gov/dataentry/public/tv/publicFacilitySearch.html>. This is NOT the call sign. The MVPD File Number is the file number assigned by the MVPD Dashboard to the MVPD's FCC Form 399 for which reimbursement from the Relocation Fund is being sought.)
6060

1.f. Contact Information for the Eligible Entity.
Name: First **Edward** Middle Initial **[REDACTED]** Last **Lake**
Email Address: **rfsystemsllc@gmail.com**
Address: Street Number and Name **315 Main St**
City **Sterling** State **COLORADO** Zip Code **80751**
Telephone Number: **970-630-3854**


Part 3: Certifications and Notarized Signature by Eligible Entity


By signing this Form 1876, the Eligible Entity identified in Part 1 of this Form 1876:

- (1) Agrees to indemnify and hold harmless the United States, the Commission, and any disbursing officer, from any and all liability arising from the disbursement of reimbursement payments pursuant to these payment instructions;
- (2) Acknowledges and agrees that reimbursement payments pursuant to these payment instructions may be subject to offset pursuant to applicable law for debts (owed to the Commission including its reporting components or the United States) by the Eligible Entity;
- (3) Acknowledges and agrees that reimbursement payments will not be made to (or for the benefit of) any Eligible Entity or other payee appearing on the U.S. Treasury's "Do Not Pay" portal;
- (4) Acknowledges that any person who knowingly submits these payment instructions containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act and may be subject to criminal penalties;
- (5) Certifies that it is in compliance with all applicable statutes, regulations, rules and instructions entitling it, or relating, to reimbursement payments; and
- (6) Certifies that all information contained herein is true, accurate and complete and understands that the reimbursement payment will be made from Federal funds and that any false claims, statements or documents, or concealment of a material fact may be prosecuted under applicable Federal law and/or result in civil action.

Signed on behalf of the Eligible Entity by:

Signature:

Type or Print Name: 

Type or Print Title: 

Date Signed: 

Acknowledgement

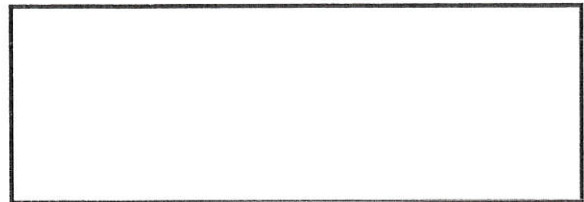
State of _____ County of _____
On _____, before me, _____,
(date) (notary)
personally appeared, _____,
(signer)

personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal or stamp

(notary signature)

My Commission Expires: _____



**PAYMENT INSTRUCTIONS FROM THE ELIGIBLE ENTITY
SEEKING REIMBURSEMENT
FROM THE TV BROADCASTER RELOCATION FUND**

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Part 1: Eligible Entity Information

Eligible Entity – Only Check One.

- ☐ Full Power, Class A and Multichannel Video Programming Distributors (MVPD)
☒ Translators & Low Power TV (LPTV)
☐ FM Stations

1.a. Call Sign, if applicable, as of date of this Form 1876 **K46CY-D**

Note: Do not resubmit this Form 1876 if call sign changes in the future.

1.b. Business Name of the Eligible Entity as listed in the FCC's Commission Registration System (CORES)

Board of Logan County Commissioners

1.c. Taxpayer ID Number of the Eligible Entity (must be 9 digits). **846000782**

1.d. Enter the FCC Registration Number (FRN) of the Eligible Entity that is associated with the Facility Identifier Number (FIN)/ (FACID) or the MVPD File Number in 1.e., below.

0004255949

1.e. Enter the Broadcaster FIN or the MVPD File Number (include 5 (five) leading zeroes).

(The FIN is sometimes referred to as the Facility Identifier Number or the Facility ID Number, and is listed in Federal Communications Commission's (FCC or Commission) Licensing and Management System (LMS) at <https://enterpriseefiling.fcc.gov/dataentry/public/tv/publicFacilitySearch.html>. This is NOT the call sign. The MVPD File Number is the file number assigned by the MVPD Dashboard to the MVPD's FCC Form 399 for which reimbursement from the Relocation Fund is being sought.)

6065

1.f. Contact Information for the Eligible Entity.

Name: First **Edward** Middle Initial **[REDACTED]** Last **Lake**

Email Address: **rfsystemsllc@gmail.com**

Address: Street Number and Name **315 Main St**

City **Sterling** State **COLORADO** Zip Code **80751**

Telephone Number: **970-630-3854**

I.g. Agent authorized to enter banking information in the FCC Commission Registration System (CORES) on behalf of the Eligible Entity ("Authorized Agent").

One name is required and a second name is optional.

Note: Please ensure that all Authorized Agents are associated with the listed FRN in CORES.

AUTHORIZED AGENT 1 (required)

Name: First **Susan** Middle Initial Last **Hansen**

CORES User Name (email format): **stelconsulting@gmail.com**

Title for Authorized Agent: **FCC Reimbursement Contact**

Additional Email of Authorized Agent for Correspondence (optional):

Telephone Number of Authorized Agent: **303-378-8209**

AUTHORIZED AGENT 2 (optional)

Name: First Middle Initial Last

CORES User Name (email format):

Title for Authorized Agent:

Additional Email of Authorized Agent for Correspondence (optional):

Telephone Number of Authorized Agent:

(Print Date: 200208090837463)

Part 2: Financial Institution Information for Automated Clearing House (ACH) Payment

2.a.1. Financial Institution to send Reimbursement Payment to: **FIRST FARMBANK**

Note: If multiple relocating Eligible Entities will be using the same bank account, we can expedite the processing of FCC Form 1876 submissions if you also provide a list of all of the relocating Eligible Entities that will be using the bank account. Please include the Entity Name, FRN, and FIN/ File #.

2.a.2. ACH Routing Transit No: **107007210**

2.a.3. Name on Bank Account: **Logan County**

2.a.4. Is the Eligible Entity in Part 1.b. the owner of the account in 2.a.5.? **Yes**

If the name on the bank account is different from name listed in Part 1.b., the Eligible Entity must either be the owner of the bank account or there must be an ownership relationship between the Eligible Entity and the owner of the bank account. If there is an ownership relationship then please briefly describe the nature of the ownership relationship between the Eligible Entity and the owner of the bank account.



2.a.5. Account Number: **209262**

2.a.6. Type of Account: **Checking**

2.b. Attach to this Form 1876 one of the following to confirm ownership of the bank account:

- A letter from the bank (see sample letter at the end of this Form 1876), or
- A redacted bank statement that confirms ownership of the bank account

Note: The Complete bank account number must be displayed and the bank account supporting document must be dated within six months of the signed date of this Form 1876.

2.c. If the eligible entity needs to request a freeze on payments, e.g., due to a change in banking information, please send an e-mail to FO-REPinvoices@fcc.gov at the FCC informing the FCC of the freeze on payments.

2.d. If the eligible entity needs to submit a new Form 1876 because the financial information in Part 2 has changed, then please send an e-mail to FO-REPinvoices@fcc.gov, informing the FCC of the need to send the FCC a new signed/notarized Form 1876 along with attachment to support 2.b.

Part 3: Certifications and Notarized Signature by Eligible Entity

By signing this Form 1876, the Eligible Entity identified in Part 1 of this Form 1876:

- (1) Agrees to indemnify and hold harmless the United States, the Commission, and any disbursing officer, from any and all liability arising from the disbursement of reimbursement payments pursuant to these payment instructions;
- (2) Acknowledges and agrees that reimbursement payments pursuant to these payment instructions may be subject to offset pursuant to applicable law for debts (owed to the Commission including its reporting components or the United States) by the Eligible Entity;
- (3) Acknowledges and agrees that reimbursement payments will not be made to (or for the benefit of) any Eligible Entity or other payee appearing on the U.S. Treasury's "Do Not Pay" portal;
- (4) Acknowledges that any person who knowingly submits these payment instructions containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act and may be subject to criminal penalties;
- (5) Certifies that it is in compliance with all applicable statutes, regulations, rules and instructions entitling it, or relating, to reimbursement payments; and
- (6) Certifies that all information contained herein is true, accurate and complete and understands that the reimbursement payment will be made from Federal funds and that any false claims, statements or documents, or concealment of a material fact may be prosecuted under applicable Federal law and/or result in civil action.

Signed on behalf of the Eligible Entity by:

Signature:

Type or Print Name: 

Type or Print Title: 

Date Signed: 

Acknowledgement

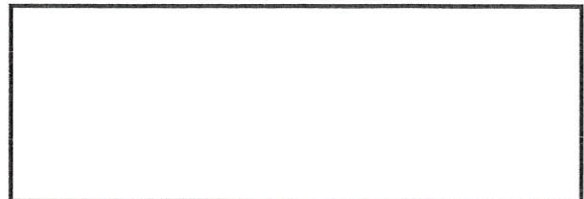
State of _____ County of _____
On _____, before me, _____,
(date) (notary)
personally appeared, _____,
(signer)

personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal or stamp

(notary signature)

My Commission Expires: _____



**PAYMENT INSTRUCTIONS FROM THE ELIGIBLE ENTITY
SEEKING REIMBURSEMENT
FROM THE TV BROADCASTER RELOCATION FUND**

NOTICE: We have estimated that each response to this collection of information will take 6 hours, including both paper and on-line submissions. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the Form 1876 or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERF, Paperwork Reduction Project (3060-1223), Washington, DC 20554. We will also accept your comments via the Internet if you send them to pra@fcc.gov. Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1223, edition date April 2019.

Part 1: Eligible Entity Information

Eligible Entity – Only Check One.

- ☐ Full Power, Class A and Multichannel Video Programming Distributors (MVPD)
☒ Translators & Low Power TV (LPTV)
☐ FM Stations

1.a. Call Sign, if applicable, as of date of this Form 1876 **K47NQ-D**
Note: Do not resubmit this Form 1876 if call sign changes in the future.

1.b. Business Name of the Eligible Entity as listed in the FCC's Commission Registration System (CORES)
Board of Logan County Commissioners

1.c. Taxpayer ID Number of the Eligible Entity (must be 9 digits). **846000782**

1.d. Enter the FCC Registration Number (FRN) of the Eligible Entity that is associated with the Facility Identifier Number (FIN)/ (FACID) or the MVPD File Number in 1.e., below.
0004255949

1.e. Enter the Broadcaster FIN or the MVPD File Number (include 5 (five) leading zeroes).
(The FIN is sometimes referred to as the Facility Identifier Number or the Facility ID Number, and is listed in Federal Communications Commission's (FCC or Commission) Licensing and Management System (LMS) at <https://enterpriseefiling.fcc.gov/dataentry/public/tv/publicFacilitySearch.html>. This is NOT the call sign. The MVPD File Number is the file number assigned by the MVPD Dashboard to the MVPD's FCC Form 399 for which reimbursement from the Relocation Fund is being sought.)
6069

1.f. Contact Information for the Eligible Entity.
Name: First **Edward** Middle Initial **[REDACTED]** Last **Lake**
Email Address: **rfsystemsllc@gmail.com**
Address: Street Number and Name **315 Main St**
City **Sterling** State **COLORADO** Zip Code **80751**
Telephone Number: **970-630-3854**

l.g. Agent authorized to enter banking information in the FCC Commission Registration System (CORES) on behalf of the Eligible Entity ("Authorized Agent").

One name is required and a second name is optional.

Note: Please ensure that all Authorized Agents are associated with the listed FRN in CORES.

AUTHORIZED AGENT 1 (required)

Name: First **Susan** Middle Initial Last **Hansen**
CORES User Name (email format): **stelconsulting@gmail.com**
Title for Authorized Agent: **FCC Reimbursement Contact**
Additional Email of Authorized Agent for Correspondence (optional):
Telephone Number of Authorized Agent: **303-378-8209**

AUTHORIZED AGENT 2 (optional)

Name: First Middle Initial Last
CORES User Name (email format):
Title for Authorized Agent:
Additional Email of Authorized Agent for Correspondence (optional):
Telephone Number of Authorized Agent:

(Print Date: 200208091308118)

Part 2: Financial Institution Information for Automated Clearing House (ACH) Payment

2.a.1. Financial Institution to send Reimbursement Payment to: **FIRST FARMBANK**

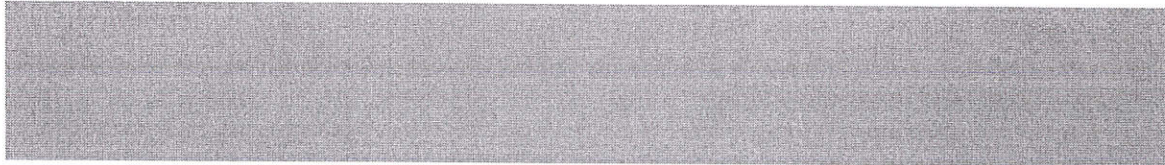
Note: If multiple relocating Eligible Entities will be using the same bank account, we can expedite the processing of FCC Form 1876 submissions if you also provide a list of all of the relocating Eligible Entities that will be using the bank account. Please include the Entity Name, FRN, and FIN/ File #.

2.a.2. ACH Routing Transit No: **107007210**

2.a.3. Name on Bank Account: **Logan County**

2.a.4. Is the Eligible Entity in Part 1.b. the owner of the account in 2.a.5.? **Yes**

If the name on the bank account is different from name listed in Part 1.b., the Eligible Entity must either be the owner of the bank account or there must be an ownership relationship between the Eligible Entity and the owner of the bank account. If there is an ownership relationship then please briefly describe the nature of the ownership relationship between the Eligible Entity and the owner of the bank account.



2.a.5. Account Number: **209262**

2.a.6. Type of Account: **Checking**

2.b. Attach to this Form 1876 one of the following to confirm ownership of the bank account:

- A letter from the bank (see sample letter at the end of this Form 1876), or
- A redacted bank statement that confirms ownership of the bank account

Note: The Complete bank account number must be displayed and the bank account supporting document must be dated within six months of the signed date of this Form 1876.

2.c. If the eligible entity needs to request a freeze on payments, e.g., due to a change in banking information, please send an e-mail to FO-REPinvoices@fcc.gov at the FCC informing the FCC of the freeze on payments.

2.d. If the eligible entity needs to submit a new Form 1876 because the financial information in Part 2 has changed, then please send an e-mail to FO-REPinvoices@fcc.gov, informing the FCC of the need to send the FCC a new signed/notarized Form 1876 along with attachment to support 2.b.

Part 3: Certifications and Notarized Signature by Eligible Entity

By signing this Form 1876, the Eligible Entity identified in Part 1 of this Form 1876:

- (1) Agrees to indemnify and hold harmless the United States, the Commission, and any disbursing officer, from any and all liability arising from the disbursement of reimbursement payments pursuant to these payment instructions;
- (2) Acknowledges and agrees that reimbursement payments pursuant to these payment instructions may be subject to offset pursuant to applicable law for debts (owed to the Commission including its reporting components or the United States) by the Eligible Entity;
- (3) Acknowledges and agrees that reimbursement payments will not be made to (or for the benefit of) any Eligible Entity or other payee appearing on the U.S. Treasury's "Do Not Pay" portal;
- (4) Acknowledges that any person who knowingly submits these payment instructions containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act and may be subject to criminal penalties;
- (5) Certifies that it is in compliance with all applicable statutes, regulations, rules and instructions entitling it, or relating, to reimbursement payments; and
- (6) Certifies that all information contained herein is true, accurate and complete and understands that the reimbursement payment will be made from Federal funds and that any false claims, statements or documents, or concealment of a material fact may be prosecuted under applicable Federal law and/or result in civil action.

Signed on behalf of the Eligible Entity by:

Signature:

Type or Print Name:

Type or Print Title:

Date Signed:

Acknowledgement

State of _____ County of _____
On _____, before me, _____,
(date) (notary)
personally appeared, _____,
(signer)

personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal or stamp

(notary signature)

My Commission Expires: _____

**PAYMENT INSTRUCTIONS FROM THE ELIGIBLE ENTITY
SEEKING REIMBURSEMENT
FROM THE TV BROADCASTER RELOCATION FUND**

NOTICE: We have estimated that each response to this collection of information will take 6 hours, including both paper and on-line submissions. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the Form 1876 or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-1223), Washington, DC 20554. We will also accept your comments via the Internet if you send them to pra@fcc.gov. Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1223, edition date April 2019.

Part 1: Eligible Entity Information

Eligible Entity – Only Check One.

- ☐ Full Power, Class A and Multichannel Video Programming Distributors (MVPD)
☒ Translators & Low Power TV (LPTV)
☐ FM Stations
-

1.a. Call Sign, if applicable, as of date of this Form 1876 **K48DQ-D**
Note: Do not resubmit this Form 1876 if call sign changes in the future.

1.b. Business Name of the Eligible Entity as listed in the FCC's Commission Registration System (CORES)
Board of Logan County Commissioners

1.c. Taxpayer ID Number of the Eligible Entity (must be 9 digits). **846000782**

1.d. Enter the FCC Registration Number (FRN) of the Eligible Entity that is associated with the Facility Identifier Number (FIN)/ (FACID) or the MVPD File Number in 1.e., below.
0004255949

1.e. Enter the Broadcaster FIN or the MVPD File Number (include 5 (five) leading zeroes).
(The FIN is sometimes referred to as the Facility Identifier Number or the Facility ID Number, and is listed in Federal Communications Commission's (FCC or Commission) Licensing and Management System (LMS) at <https://enterpriseefiling.fcc.gov/dataentry/public/tv/publicFacilitySearch.html>. This is NOT the call sign. The MVPD File Number is the file number assigned by the MVPD Dashboard to the MVPD's FCC Form 399 for which reimbursement from the Relocation Fund is being sought.)

6061

1.f. Contact Information for the Eligible Entity.

Name: First **Edward** Middle Initial **[REDACTED]** Last **Lake**
Email Address: **rfsystemsllc@gmail.com**
Address: Street Number and Name **315 Main St**
City **Sterling** State **COLORADO** Zip Code **80751**
Telephone Number: **970-630-3854**

3
I.g. Agent authorized to enter banking information in the FCC Commission Registration System (CORES) on behalf of the Eligible Entity ("Authorized Agent").

One name is required and a second name is optional.

Note: Please ensure that all Authorized Agents are associated with the listed FRN in CORES.

AUTHORIZED AGENT 1 (required)

Name: First **Susan** Middle Initial Last **Hansen**

CORES User Name (email format): **stclconsulting@gmail.com**

Title for Authorized Agent: **FCC Reimbursement Contact**

Additional Email of Authorized Agent for Correspondence (optional):

Telephone Number of Authorized Agent: **303-378-8209**

AUTHORIZED AGENT 2 (optional)

Name: First Middle Initial Last

CORES User Name (email format):

Title for Authorized Agent:

Additional Email of Authorized Agent for Correspondence (optional):

Telephone Number of Authorized Agent:

3
(Print Date: 200208091558898)

Part 2: Financial Institution Information for Automated Clearing House (ACH) Payment

2.a.1. Financial Institution to send Reimbursement Payment to: **FIRST FARM BANK**

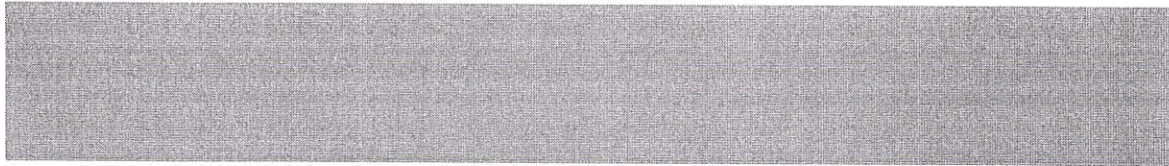
Note: If multiple relocating Eligible Entities will be using the same bank account, we can expedite the processing of FCC Form 1876 submissions if you also provide a list of all of the relocating Eligible Entities that will be using the bank account. Please include the Entity Name, FRN, and FIN/ File #.

2.a.2. ACH Routing Transit No: **107007210**

2.a.3. Name on Bank Account: **Logan County**

2.a.4. Is the Eligible Entity in Part 1.b. the owner of the account in 2.a.5.? **Yes**

If the name on the bank account is different from name listed in Part 1.b., the Eligible Entity must either be the owner of the bank account or there must be an ownership relationship between the Eligible Entity and the owner of the bank account. If there is an ownership relationship then please briefly describe the nature of the ownership relationship between the Eligible Entity and the owner of the bank account.



2.a.5. Account Number: **209262**

2.a.6. Type of Account: **Checking**

2.b. Attach to this Form 1876 one of the following to confirm ownership of the bank account:

- A letter from the bank (see sample letter at the end of this Form 1876), or
- A redacted bank statement that confirms ownership of the bank account

Note: The Complete bank account number must be displayed and the bank account supporting document must be dated within six months of the signed date of this Form 1876.

2.c. If the eligible entity needs to request a freeze on payments, e.g., due to a change in banking information, please send an e-mail to FO-REPinvoices@fcc.gov at the FCC informing the FCC of the freeze on payments.

2.d. If the eligible entity needs to submit a new Form 1876 because the financial information in Part 2 has changed, then please send an e-mail to FO-REPinvoices@fcc.gov, informing the FCC of the need to send the FCC a new signed/notarized Form 1876 along with attachment to support 2.b.

Part 3: Certifications and Notarized Signature by Eligible Entity

By signing this Form 1876, the Eligible Entity identified in Part 1 of this Form 1876:

- (1) Agrees to indemnify and hold harmless the United States, the Commission, and any disbursing officer, from any and all liability arising from the disbursement of reimbursement payments pursuant to these payment instructions;
- (2) Acknowledges and agrees that reimbursement payments pursuant to these payment instructions may be subject to offset pursuant to applicable law for debts (owed to the Commission including its reporting components or the United States) by the Eligible Entity;
- (3) Acknowledges and agrees that reimbursement payments will not be made to (or for the benefit of) any Eligible Entity or other payee appearing on the U.S. Treasury's "Do Not Pay" portal;
- (4) Acknowledges that any person who knowingly submits these payment instructions containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act and may be subject to criminal penalties;
- (5) Certifies that it is in compliance with all applicable statutes, regulations, rules and instructions entitling it, or relating, to reimbursement payments; and
- (6) Certifies that all information contained herein is true, accurate and complete and understands that the reimbursement payment will be made from Federal funds and that any false claims, statements or documents, or concealment of a material fact may be prosecuted under applicable Federal law and/or result in civil action.

Signed on behalf of the Eligible Entity by:

Signature:

Type or Print Name: [REDACTED]

Type or Print Title: [REDACTED]

Date Signed: [REDACTED]

Acknowledgement

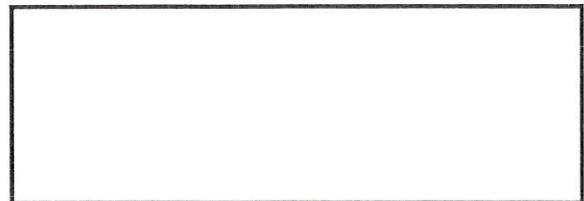
State of _____ County of _____
On _____, before me, _____,
(date) (notary)
personally appeared, _____,
(signer)

personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal or stamp

(notary signature)

My Commission Expires: _____



**PAYMENT INSTRUCTIONS FROM THE ELIGIBLE ENTITY
SEEKING REIMBURSEMENT
FROM THE TV BROADCASTER RELOCATION FUND**

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Part 1: Eligible Entity Information

Eligible Entity – Only Check One.

- ☐ Full Power, Class A and Multichannel Video Programming Distributors (MVPD)
☒ Translators & Low Power TV (LPTV)
☐ FM Stations

1.a. Call Sign, if applicable, as of date of this Form 1876 **K49MF-D**
Note: Do not resubmit this Form 1876 if call sign changes in the future.

1.b. Business Name of the Eligible Entity as listed in the FCC's Commission Registration System (CORES)
Board of Logan County Commissioners

1.c. Taxpayer ID Number of the Eligible Entity (must be 9 digits). **846000782**

1.d. Enter the FCC Registration Number (FRN) of the Eligible Entity that is associated with the Facility Identifier Number (FIN)/ (FACID) or the MVPD File Number in 1.e., below.
0004255949

1.e. Enter the Broadcaster FIN or the MVPD File Number (include 5 (five) leading zeroes).
(The FIN is sometimes referred to as the Facility Identifier Number or the Facility ID Number, and is listed in Federal Communications Commission's (FCC or Commission) Licensing and Management System (LMS) at <https://enterpriseefiling.fcc.gov/dataentry/public/tv/publicFacilitySearch.html>. This is NOT the call sign. The MVPD File Number is the file number assigned by the MVPD Dashboard to the MVPD's FCC Form 399 for which reimbursement from the Relocation Fund is being sought.)
6058

1.f. Contact Information for the Eligible Entity.
Name: First **Edward** Middle Initial **[REDACTED]** Last **Lake**
Email Address: **rfsystemsllc@gmail.com**
Address: Street Number and Name **315 Main St**
City **Sterling** State **COLORADO** Zip Code **80751**
Telephone Number: **970-630-3854**

Part 2: Financial Institution Information for Automated Clearing House (ACH) Payment

2.a.1. Financial Institution to send Reimbursement Payment to: **FIRST FARMBANK**

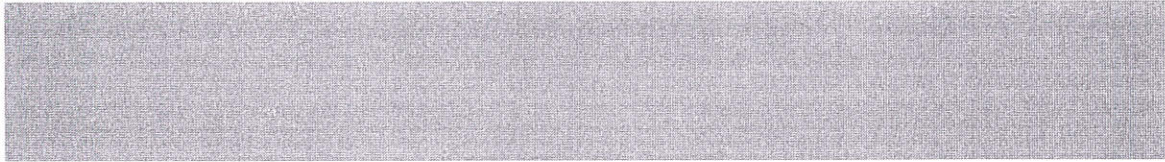
Note: If multiple relocating Eligible Entities will be using the same bank account, we can expedite the processing of FCC Form 1876 submissions if you also provide a list of all of the relocating Eligible Entities that will be using the bank account. Please include the Entity Name, FRN, and FIN/ File #.

2.a.2. ACH Routing Transit No: **107007210**

2.a.3. Name on Bank Account: **Logan County**

2.a.4. Is the Eligible Entity in Part 1.b. the owner of the account in 2.a.5.? **Yes**

If the name on the bank account is different from name listed in Part 1.b., the Eligible Entity must either be the owner of the bank account or there must be an ownership relationship between the Eligible Entity and the owner of the bank account. If there is an ownership relationship then please briefly describe the nature of the ownership relationship between the Eligible Entity and the owner of the bank account.



2.a.5. Account Number: **209262**

2.a.6. Type of Account: **Checking**

2.b. Attach to this Form 1876 one of the following to confirm ownership of the bank account:

- A letter from the bank (see sample letter at the end of this Form 1876), or
- A redacted bank statement that confirms ownership of the bank account

Note: The Complete bank account number must be displayed and the bank account supporting document must be dated within six months of the signed date of this Form 1876.

2.c. If the eligible entity needs to request a freeze on payments, e.g., due to a change in banking information, please send an e-mail to FO-REPinvoices@fcc.gov at the FCC informing the FCC of the freeze on payments.

2.d. If the eligible entity needs to submit a new Form 1876 because the financial information in Part 2 has changed, then please send an e-mail to FO-REPinvoices@fcc.gov, informing the FCC of the need to send the FCC a new signed/notarized Form 1876 along with attachment to support 2.b.


Part 3: Certifications and Notarized Signature by Eligible Entity


By signing this Form 1876, the Eligible Entity identified in Part 1 of this Form 1876:


- (1) Agrees to indemnify and hold harmless the United States, the Commission, and any disbursing officer, from any and all liability arising from the disbursement of reimbursement payments pursuant to these payment instructions;
- (2) Acknowledges and agrees that reimbursement payments pursuant to these payment instructions may be subject to offset pursuant to applicable law for debts (owed to the Commission including its reporting components or the United States) by the Eligible Entity;
- (3) Acknowledges and agrees that reimbursement payments will not be made to (or for the benefit of) any Eligible Entity or other payee appearing on the U.S. Treasury's "Do Not Pay" portal;
- (4) Acknowledges that any person who knowingly submits these payment instructions containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act and may be subject to criminal penalties;
- (5) Certifies that it is in compliance with all applicable statutes, regulations, rules and instructions entitling it, or relating, to reimbursement payments; and
- (6) Certifies that all information contained herein is true, accurate and complete and understands that the reimbursement payment will be made from Federal funds and that any false claims, statements or documents, or concealment of a material fact may be prosecuted under applicable Federal law and/or result in civil action.

Signed on behalf of the Eligible Entity by:

Signature:

Type or Print Name: 

Type or Print Title: 

Date Signed: 

Acknowledgement

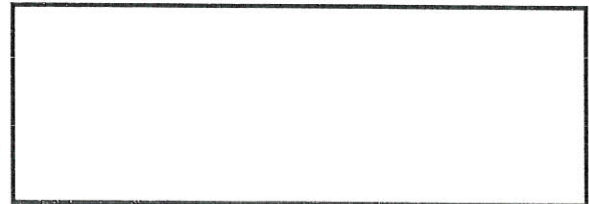
State of _____ County of _____
On _____, before me, _____,
(date) (notary)
personally appeared, _____,
(signer)

personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal or stamp

(notary signature)

My Commission Expires: _____



**PAYMENT INSTRUCTIONS FROM THE ELIGIBLE ENTITY
SEEKING REIMBURSEMENT
FROM THE TV BROADCASTER RELOCATION FUND**

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Part 1: Eligible Entity Information

Eligible Entity – Only Check One.

- ☐ Full Power, Class A and Multichannel Video Programming Distributors (MVPD)
☒ Translators & Low Power TV (LPTV)
☐ FM Stations

1.a. Call Sign, if applicable, as of date of this Form 1876 **K50EE-D**
Note: Do not resubmit this Form 1876 if call sign changes in the future.

1.b. Business Name of the Eligible Entity as listed in the FCC's Commission Registration System (CORES)
Board of Logan County Commissioners

1.c. Taxpayer ID Number of the Eligible Entity (must be 9 digits). **846000782**

1.d. Enter the FCC Registration Number (FRN) of the Eligible Entity that is associated with the Facility Identifier Number (FIN)/ (FACID) or the MVPD File Number in 1.e., below.
0004255949

1.e. Enter the Broadcaster FIN or the MVPD File Number (include 5 (five) leading zeroes).
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6068

1.f. Contact Information for the Eligible Entity.
Name: First **Edward** Middle Initial Last **Lake**
Email Address: **rfsystemsllc@gmail.com**
Address: Street Number and Name **315 Main St**
City **Sterling** State **COLORADO** Zip Code **80751**
Telephone Number: **970-630-3854**

1.g. Agent authorized to enter banking information in the FCC Commission Registration System (CORES) on behalf of the Eligible Entity ("Authorized Agent").

One name is required and a second name is optional.

Note: Please ensure that all Authorized Agents are associated with the listed FRN in CORES.

AUTHORIZED AGENT 1 (required)

Name: First **Susan** Middle Initial Last **Hansen**

CORES User Name (email format): **stelconsulting@gmail.com**

Title for Authorized Agent: **FCC Reimbursement Contact**

Additional Email of Authorized Agent for Correspondence (optional):

Telephone Number of Authorized Agent: **303-378-8209**

AUTHORIZED AGENT 2 (optional)

Name: First Middle Initial Last

CORES User Name (email format):

Title for Authorized Agent:

Additional Email of Authorized Agent for Correspondence (optional):

Telephone Number of Authorized Agent:

(Print Date: 200208091055133)

Part 2: Financial Institution Information for Automated Clearing House (ACH) Payment

2.a.1. Financial Institution to send Reimbursement Payment to: **FIRST FARMBANK**

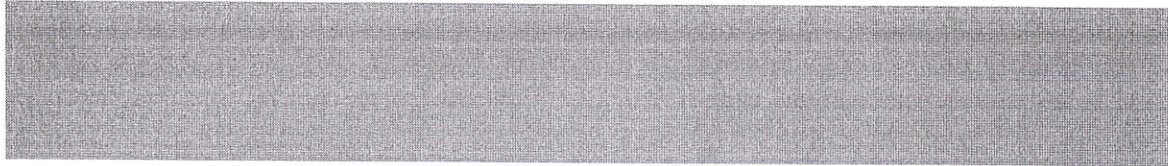
Note: If multiple relocating Eligible Entities will be using the same bank account, we can expedite the processing of FCC Form 1876 submissions if you also provide a list of all of the relocating Eligible Entities that will be using the bank account. Please include the Entity Name, FRN, and FIN/ File #.

2.a.2. ACH Routing Transit No: **107007210**

2.a.3. Name on Bank Account: **Logan County**

2.a.4. Is the Eligible Entity in Part 1.b. the owner of the account in 2.a.5.? **Yes**

If the name on the bank account is different from name listed in Part 1.b., the Eligible Entity must either be the owner of the bank account or there must be an ownership relationship between the Eligible Entity and the owner of the bank account. If there is an ownership relationship then please briefly describe the nature of the ownership relationship between the Eligible Entity and the owner of the bank account.



2.a.5. Account Number: **209262**

2.a.6. Type of Account: **Checking**

2.b. Attach to this Form 1876 one of the following to confirm ownership of the bank account:

- A letter from the bank (see sample letter at the end of this Form 1876), or
- A redacted bank statement that confirms ownership of the bank account

Note: The Complete bank account number must be displayed and the bank account supporting document must be dated within six months of the signed date of this Form 1876.

2.c. If the eligible entity needs to request a freeze on payments, e.g., due to a change in banking information, please send an e-mail to FO-REPinvoices@fcc.gov at the FCC informing the FCC of the freeze on payments.

2.d. If the eligible entity needs to submit a new Form 1876 because the financial information in Part 2 has changed, then please send an e-mail to FO-REPinvoices@fcc.gov, informing the FCC of the need to send the FCC a new signed/notarized Form 1876 along with attachment to support 2.b.

Part 3: Certifications and Notarized Signature by Eligible Entity


By signing this Form 1876, the Eligible Entity identified in Part 1 of this Form 1876:


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- (2) Acknowledges and agrees that reimbursement payments pursuant to these payment instructions may be subject to offset pursuant to applicable law for debts (owed to the Commission including its reporting components or the United States) by the Eligible Entity;
- (3) Acknowledges and agrees that reimbursement payments will not be made to (or for the benefit of) any Eligible Entity or other payee appearing on the U.S. Treasury's "Do Not Pay" portal;
- (4) Acknowledges that any person who knowingly submits these payment instructions containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act and may be subject to criminal penalties;
- (5) Certifies that it is in compliance with all applicable statutes, regulations, rules and instructions entitling it, or relating, to reimbursement payments; and
- (6) Certifies that all information contained herein is true, accurate and complete and understands that the reimbursement payment will be made from Federal funds and that any false claims, statements or documents, or concealment of a material fact may be prosecuted under applicable Federal law and/or result in civil action.

Signed on behalf of the Eligible Entity by:

Signature:

Type or Print Name: 

Type or Print Title: 

Date Signed: 

Acknowledgement

State of _____ County of _____
On _____, before me, _____,
(date) (notary)
personally appeared, _____,
(signer)

personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal or stamp

(notary signature)

My Commission Expires: _____

