RESOLUTION NO. 3556

A RESOLUTION AUTHORIZING THE ASSIGNMENT FROM BULLIS-GRAVES MEMORIAL CHAPEL/EASTERN MONTANA CREMATION SERVICE TO BIG SKY CREMATION SERVICES, L.L.C. UPON LOTS 4 AND 5 OF TRACT E OF THE INDUSTRIAL SITE OWNED BY THE CITY OF MILES CITY, MONTANA;

WHEREAS, On August 9, 1996, the City of Miles City entered into a written lease with Bullis-Graves Memorial Chapel/Eastern Montana Cremation Service, of 1806 Main Street, Miles City, Montana (hereinafter "Bullis-Graves") for lease of the following described real property located in Custer County, Montana:

Lots 4 and 5 of Tract "E" of the Industrial Site adjacent to the City of Miles City

AND WHEREAS, pursuant to the terms of such lease, the lease term has automatically renewed for a period from July 1, 2012 through June 30, 2013;

AND WHEREAS, it is the desire of Bullis-Graves to assign such lease to Big Sky Cremation Services, LLC, a Montana limited liability company, of 1717 Main Street, Miles City, Montana, (hereinafter "the Assignee");

AND WHEREAS, Article V of such lease prohibits assignment of the lease without the prior approval of the City Council of the City of Miles City;

AND WHEREAS the City Council finds that the proposed assignment and the Assignee are acceptable to the City of Miles City, and the request for the assignment of such lease should be granted;

NOW THEREFORE, IT IS RESOLVED BY THE CITY COUNCIL OF THE CITY OF MILES CITY, MONTANA, AS FOLLOWS:

1. It does hereby authorize the assignment of the lessee's interest in the lease, dated August 9, 1996, between the City of Miles City and Bullis-Graves Memorial Chapel/Eastern Montana Cremation Service, of 1806 Main Street, Miles City, Montana upon Lots 4 and 5 of Tract "E" of the Industrial Site to Big Sky Cremation Services, LLC, a Montana limited liability company, of 1717 Main Street, Miles City, Montana, subject to the terms, conditions and rentals of such lease.

PASSED AND ADOPTED BY AT LEAST A TWO-THIRDS AFFIRMATIVE VOTE OF ALL MEMBERS OF THE MILES CITY COUNCIL THIS 23RD DAY OF OCTOBER, 2012.

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE 11/13/2012 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER Cassco Insurance PHONE (A/C, No, Ext): 406-653-2444 (A/C, E-MAIL ADDRESS: MIKE@CASSCOINSURANCE.COM FAX (A/C, No): 406-653-2446 Box 220 Wolf Point MT 59201-0220 INSURER(S) AFFORDING COVERAGE NAIC # INSURERA: EMPLOYERS MUTUAL CASUALTY CO. 21415 INSURED INSURER B : BIG SKY CREMATION SERVICES, LLC INSURER C: **1717 MAIN ST** INSURER D MILES CITY MT 59301-3651 INSURER E INSURER F REVISION NUMBER: COVERAGES **CERTIFICATE NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR | NSR TYPE OF INSURANCE | | SUBR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | |
|------|---|---|----------|---------------|----------------------------|----------------------------|---|----|------------------|
| Α | GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 1,000,0 100,0 |
| | CLAIMS-MADE X OCCUR | } | | | | | | \$ | 5,0 |
| | | | | 3D67348 | 01/24/2012 | 01/24/2013 | PERSONAL & ADV INJURY | \$ | 1,000,0 |
| | | | | | | | GENERAL AGGREGATE | \$ | 2,000,0 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | 1 | PRODUCTS - COMP/OP AGG | \$ | 2,000,0 |
| | X POLICY PRO- | | | | \ | | | \$ | |
| Α | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,0 |
| | X ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ | |
| | ALL OWNED SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | s | |
| | HIREDAUTOS NON-OWNED AUTOS | | | 3E67348 | 01/24/2012 | 01/24/2013 | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | <u> </u> | | | <u></u> | | \$ | |
| | UMBRELLA LIAB OCCUR | 1 | | | | | EACH OCCURRENCE | \$ | |
| | EXCESS LIAB CLAIMS-MADE | 1 | İ | | | | AGGREGATE | s | |
| | DED RETENTION \$ | | | | | | | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | WC STATU- OTH- TORY LIMITS ER | | |
| 1 | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | ł | E.L. EACH ACCIDENT | \$ | |
| | | | | 1 |] | | E.L. DISEASE - EA EMPLOYEE | \$ | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | 3_ | |
| | | | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

| CERTIFICATE HOLDER | CANCELLATION |
|----------------------------------|--|
| CITY OF MILES CITY PO BOX 910 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| MILES CITY MT 59301 | AUTHORIZED REPRESENTATIVE |
| | d Cu Jednam |

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