

Stevensville Town Council Meeting
Agenda For
MONDAY, JULY 9TH, 2018
7:00 p.m.

1. Call to Order and Roll Call
2. Pledge of Allegiance
3. Approval of Bi-Weekly Claims
4. Administrative Reports
 - A. Police
 - B. Public Works
5. Guests
6. Correspondence
7. Public Comments
8. Unfinished Business
 - a. Discussion/decision – Res. 428 – A Resolution to place Public Safety Mills on the General Election Ballot.
9. New Business
 - A. Discussion/decision – Alcohol Use Permit for The Living Center Employee BBQ
 - B. Discussion/decision – Res. 429 - A Resolution Adopting Wages & Salaries for the Fiscal Year 2019
 - C. Discussion/decision – Agreement for Ambulance Billing Services
10. Executive Report
11. Town Council Comments
12. Board Report
13. Adjournment

Guidelines for Public Comment

Public Comment ensures an opportunity for citizens to meaningfully participate in the decisions of its elected officials. It is one of several ways your voice is heard by your local government.

During public comment we ask that all participants respect the right of others to make their comment uninterrupted. The council's goal is to receive as much comment as time reasonably allows. All public comment should be directed to the chair (Mayor or designee). Comment made to the audience or individual council members may be ruled out of order. Public comment must remain on topic, and free from abusive language or unsupported allegations.

During any council meeting you have two opportunities to comment.

1. During the public comment period near the beginning of a meeting.
2. Before any decision making vote of the council on an agenda item.
3. Comment made outside of these times may not be allowed.
4. Citizens wishing to speak during the official public comment period should come forward to the podium and state their name and address for the record. Comment during this time maybe time limited, as determined by the chair, to allow as many people as possible to comment.
5. Citizens wishing to comment on a motion for decision before any vote can come forward or stand in place as they wish. Comment must remain on the motion before the council.

07/05/18
15:49:26

TOWN OF STEVENSVILLE
Claim Approval List
For the Accounting Period: 7/18

Page: 1 of 4
Report ID: AP100

* ... Over spent expenditure

Claim	Vendor #/Name/ Check Invoice #/Inv Date/Description	Document \$/ Line \$	Disc \$	PO #	Fund Org Acct	Object Proj	Cash Account
*** Claim from another period (6/18) ****							
14511	995 AXMEN	4,297.91					
Purchase of Singer 2.0 w/Siames and 3" truck flange. Flange was returned. Purchase recorded net of return.							
	65413-01 05/29/18 Stinger w/siamese & 3" flang	4,297.91			1000 420460	212	101000
*** Claim from another period (6/18) ****							
14512	183 Bitterroot Valley Tire	19.81					
	7160028977 06/25/18 Parks lawn mower tire	9.91			1000 460430	360	101000
	7160028977 06/25/18 Cemetery lawn mower tire	9.90			1000 430900	360	101000
*** Claim from another period (6/18) ****							
14513	690 Core & Main LP	1,324.89					
	J066888 06/22/18 H2O lines r&m parts	1,324.89			5210 430550	230	101000
*** Claim from another period (6/18) ****							
14514	1356 Dakota Supply Group	715.96					
	D979695 06/26/18 pool boiler repair	577.41			1000 460450	230	101000
	D983671 06/27/18 pool boiler repair	138.55			1000 460450	230	101000
*** Claim from another period (6/18) ****							
14515	1590 Intermountain Industrial, Inc.	490.00					
Fabrication to retrofit pool ladders							
	2050 06/25/18 Fabrication on pool ladder	490.00			1000 460450	230	101000
*** Claim from another period (6/18) ****							
14516	104 K & N ELECTRIC MOTORS, INC.	167.43					
	0238268 06/27/18 sewer plant pump parts	167.43			5310 430640	230	101000
*** Claim from another period (6/18) ****							
14517	1591 MT Builders, Inc.	104.84					
	Refund 06/29/18 Refund overpayment at closing	104.84			5210 214100		101000
*** Claim from another period (6/18) ****							
14518	1169 Moore Medical LLC	59.15					
	83574168 06/19/18 Nitrile purple gloves	59.15			1000 420730	220	101000
*** Claim from another period (6/18) ****							
14520	85 CENTURYLINK	601.03					
	June 2018 06/22/18 PD Telecom #3011	84.93			1000 420100	340	101000
	June 2018 06/22/18 WWTP Internet #0185	68.99			5310 430640	340	101000
	June 2018 06/22/18 H2O Plant Phone #7132	37.98			5210 430540	340	101000
	June 2018 06/22/18 WWTP Phone #9878	50.62			5310 430640	340	101000
	June 2018 06/22/18 FD Telecom #5271	22.00			1000 420410	340	101000
	June 2018 06/22/18 H2O/TH Telecom #5271	76.99			5210 430510	340	101000
	June 2018 06/22/18 Sewer/TH Telecom #5271	76.99			5310 430610	340	101000
	June 2018 06/22/18 Court Telecom #5271	21.99			1000 410360	340	101000
	June 2018 06/22/18 Building Dept Telecom #5271	22.00			2394 420531	340	101000
	June 2018 06/22/18 Pool Telecom #5827	138.54			1000 460450	340	101000

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*** Claim from another period (6/18) ****							
14521	1411 A Ward's Cleaning	100.00					
Office/Fire Department Cleaning - June 2018							
	3600 06/17/18 June Cleaning Services-Co	6.00			1000 410360	350	101000
	3600 06/17/18 June Cleaning Services-PD	18.00			1000 420100	350	101000
	3600 06/17/18 June Cleaning Services-FD	40.00			1000 420410	350	101000
	3600 06/17/18 June Cleaning Services-B	6.00			2394 420531	350	101000
	3600 06/17/18 June Cleaning Services-H2	15.00			5210 430510	350	101000
	3600 06/17/18 June Cleaning Services-Se	15.00			5310 430610	350	101000
*** Claim from another period (6/18) ****							
14522	77 THATCHER COMPANY OF MONTANA	1,018.36					
	347496 06/28/18 T-Chlor (4) 55G Drums	778.36			5210 430540	220	101000
	347496 06/28/18 Net container deposit/freight	240.00			5210 430540	220	101000
*** Claim from another period (6/18) ****							
14523	852 CENEX FLEETCARD	1,305.89					
	159442 06/30/18 PD fuel	373.55			1000 420100	231	101000
	159442 06/30/18 FD fuel	662.36			1000 420460	231	101000
	159442 06/30/18 Water fuel	32.76			5210 430510	231	101000
	159442 06/30/18 Sewer fuel	32.75			5310 430610	231	101000
	159442 06/30/18 Streets fuel	32.75			1000 430200	231	101000
	159442 06/30/18 Parks fuel	67.69			1000 460430	231	101000
	159442 06/30/18 Cemeteries fuel	67.68			1000 430900	231	101000
	159442 06/30/18 Airport fuel	36.35			5610 430300	231	101000
*** Claim from another period (6/18) ****							
14524	1592 LeRoy Doane	169.21					
Credit balance returned to customer at sale of property.							
	Refund 06/30/18 Refund credit balance	169.21			5210 214100		101000
14525	1146 Spillman Technologies, Inc.	375.00					
Nova Software - Monthly Subscription 7/1-7/31/18							
	38263 07/01/18 July Nova Subscription	75.00			1000 411100	352	101000
	38263 07/01/18 July Nova SW Subscription	300.00			1000 420100	330	101000
*** Claim from another period (6/18) ****							
14526	1271 Sweet Pea Sewer & Septic	165.00					
L&C Park Porta Potty Cleaning - 5/29, 6/12, 6/15							
	54417 06/18/18 L&C Park Porta Potty Service	165.00			1000 460430	350	101000
14527	1436 Maureen M. O'Connor	1,500.00					
	July 2018 07/03/18 July Monthly Comp	1,500.00			1000 410360	350	101000

07/05/18
15:49:26

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Page: 3 of 4
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*** Claim from another period (6/18) ****									
14528	E	8	RAVALLI ELECTRIC CO-OP	126.59					
Airport & Airport Well Utilities									
		June 18	06/30/18 Airport Utilities - Lights El	49.69			5610 430300	340	101000
		June 18	06/30/18 Airport Utilities - Water Pum	76.90			5610 430300	340	101000
*** Claim from another period (6/18) ****									
14529		1460	American Welding & Gas	118.80					
Acetylene, Carbon Dioxide (Water Dept), Oxygen, Argon/CO2 Mix, Rental Cylinder									
		05651151	06/30/18 Carbon Dioxide	33.60			5210 430510	220	101000
		05651151	06/30/18 Ace/Oxy/Argon/CO2+Rental-H2O	28.40			5210 430510	220	101000
		05651151	06/30/18 Ace/Oxy/Argon/CO2+Rental-Sew	28.40			5310 430610	220	101000
		05651151	06/30/18 Ace/Oxy/Argon/CO2+Rental-Str	28.40			1000 430100	220	101000
*** Claim from another period (6/18) ****									
14530	E	59	BITTER ROOT DISPOSAL	393.96					
		June 18	07/01/18 Court solid waste	4.92			1000 410360	340	101000
		June 18	07/01/18 H2O Dept TH facility	29.55			5210 430510	340	101000
		June 18	07/01/18 Sewer Dept TH facility	29.55			5310 430610	340	101000
		June 18	07/01/18 PD solid waste	14.77			1000 420100	340	101000
		June 18	07/01/18 TH solid waste	14.77			1000 411201	340	101000
		June 18	07/01/18 BD solid waste	4.93			2394 420531	340	101000
		June 18	07/01/18 StreetsDept solid waste	236.38			1000 430200	340	101000
		June 18	07/01/18 Sewer plant solid wase	59.09			5310 430640	340	101000
14531		5	Postmaster	144.00					
Annual Subscription for PO Box #30									
		FY18-19	07/01/18 Annual PO Box #30 Rental - TH	21.60			1000 410550	311	101000
15%		FY18-19	07/01/18 Annual PO Box #30 Rental - H2	43.20			5210 430510	311	101000
30%		FY18-19	07/01/18 Annual PO Box #30 Rental - Se	43.20			5310 430610	311	101000
30%		FY18-19	07/01/18 Annual PO Box #30 Rental - Co	7.20			1000 410360	311	101000
5%		FY18-19	07/01/18 Annual PO Box #30 Rental - PD	7.20			1000 420100	311	101000
5%		FY18-19	07/01/18 Annual PO Box #30 Rental - Ai	7.20			5610 430300	311	101000
5%		FY18-19	07/01/18 Annual PO Box #30 Rental - FD	7.20			1000 420410	311	101000
5%		FY18-19	07/01/18 Annual PO Box #30 Rental - BD	7.20			1000 420100	311	101000

07/05/18
15:49:26

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Page: 4 of 4
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	*** Claim from another period (6/18) ****						
14532	23 VALLEY DRUG AND VARIETY	18.09					
	06/19/18 FD postage	10.10			1000 420410	311	101000
	207152 06/25/18 3pk packing tape	7.99			1000 410550	210	101000
	*** Claim from another period (6/18) ****						
14533	53 SUPER 1 FOODS	7.98					
	03-929619 06/26/18 paper towels for chem sc	7.98			5210 430510	220	101000
	*** Claim from another period (6/18) ****						
14534	29 STEVENSVILLE NAPA AUTO PARTS	126.75					
	460973 06/30/18 oil/filter for mower	50.08			5610 430300	230	101000
	457475 06/07/18 98 Ram oil/filler cap/connecto	7.17			5310 430610	230	101000
	457475 06/07/18 98 Ram oil/filler cap/connecto	7.17			5210 430510	230	101000
	457475 06/07/18 98 Ram oil/filler cap/connecto	7.17			1000 430100	230	101000
	459717 06/20/18 sewer plant r&m supplies	55.16			5310 430640	230	101000
	# of Claims	23	Total:	13,350.65			
	Total Electronic Claims	520.55	Total Non-Electronic Claims	12830.10			

07/05/18
15:50:25

TOWN OF STEVENSVILLE
Cash Report
For the Accounting Period: 6/18

Page: 1 of 2
Report ID: L160

Fund/Account	Beginning Balance	Received	Transfers In	Disbursed	Transfers Out	Ending Balance
1000 GENERAL						
101000 Cash - Operating	209,723.22	145,752.19	4,777.40	60.00	70,728.58	289,464.23
103000 Petty Cash	0.00	60.00	0.00	0.00	0.00	60.00
Total Fund	209,723.22	145,812.19	4,777.40	60.00	70,728.58	289,524.23
2250 PLANNING						
101000 Cash - Operating	252.35	0.00	0.00	0.00	72.85	179.50
2310 Tax Increment Finance District						
101000 Cash - Operating	146,295.83	18,937.43	0.00	0.00	4,767.08	160,466.18
2311 Targeted Economic Development District						
101000 Cash - Operating	5,915.58	567.22	0.00	0.00	0.00	6,482.80
2350 Local Government Study Commission						
101000 Cash - Operating	0.52	0.00	0.00	0.00	0.00	0.52
2390 Drug Fines-Forfeitures Account						
101000 Cash - Operating	2,988.45	0.00	0.00	0.00	0.00	2,988.45
101010 Cash - Investment / Savings Acco	0.53	0.07	0.00	0.00	0.00	0.60
Total Fund	2,988.98	0.07				2,989.05
2394 BUILDING CODE ENFORCEMENT						
101000 Cash - Operating	80,415.76	3,662.88	0.00	0.00	3,455.36	80,623.28
2410 Dayton Lighting #1 District 55						
101000 Cash - Operating	8,163.58	0.00	0.00	0.00	268.82	7,894.76
2420 Peterson Addn Lighting #2 District 80						
101000 Cash - Operating	2,848.50	0.00	0.00	0.00	195.51	2,652.99
2430 Geo Smith Lighting #3 District 76						
101000 Cash - Operating	8,792.78	0.00	0.00	0.00	298.65	8,494.13
2440 Creekside Lighting #4 District 77						
101000 Cash - Operating	3,196.38	0.00	0.00	0.00	241.50	2,954.88
2450 Twin Creeks Lighting #5 District						
101000 Cash - Operating	933.83	1,800.00	0.00	0.00	436.42	2,297.41
2810 POLICE TRAINING & PENSION						
101000 Cash - Operating	11,882.05	0.00	295.00	0.00	435.00	11,742.05
2820 GAS APPORTIONMENT TAX						
101000 Cash - Operating	91,947.31	2,860.55	0.00	0.00	0.00	94,807.86
2889 Heyer Foundation Grant						
101000 Cash - Operating	1,666.66	0.00	0.00	0.00	0.00	1,666.66
2916 COPS Grant						
101000 Cash - Operating	1,348.92	0.00	0.00	0.00	0.00	1,348.92
2940 Economic Development						
101000 Cash - Operating	44,398.53	0.00	0.00	0.00	906.80	43,491.73
2987 Jean Thomas Park Beautification Fund						
101000 Cash - Operating	75,000.00	0.00	0.00	0.00	0.00	75,000.00
4000 CAPITAL IMPROVEMENTS						
101000 Cash - Operating	87,990.26	33.45	0.00	0.00	3,254.75	84,768.96
4001 Sidewalk Improvements						
101010 Cash - Investment / Savings Acco	52,545.95	2.16	0.00	0.00	0.00	52,548.11
4002 Fire Engine Capital Improvement						
101000 Cash - Operating	-663.75	0.00	0.00	0.00	0.00	-663.75

TOWN OF STEVENSVILLE
Cash Report
For the Accounting Period: 6/18

Fund/Account	Beginning Balance	Received	Transfers In	Disbursed	Transfers Out	Ending Balance
102000 Cash - Restricted	24,258.00	21.72	0.00	0.00	0.00	24,279.72
Total Fund	23,594.25	21.72				23,615.97
5210 WATER						
101000 Cash - Operating	681,948.03	27,956.26	200.00	0.00	21,179.24	688,925.05
102000 Cash - Restricted	775.05	105.41	0.00	0.00	0.00	880.46
102110 Cash - Restricted for constructi	362,028.00	0.00	0.00	0.00	0.00	362,028.00
102220 Cash - Restricted for future yea	91,008.00	0.00	0.00	0.00	0.00	91,008.00
102240 Cash - Restricted for replacemen	169,000.00	0.00	0.00	0.00	0.00	169,000.00
Total Fund	1,304,759.08	28,061.67	200.00		21,179.24	1,311,841.51
5250 WATER BOND Principal & Interest						
101000 Cash - Operating	190,865.78	14,212.56	286.87	7,584.00	0.00	197,781.21
5310 SEWER						
101000 Cash - Operating	144,160.26	25,636.51	293.95	0.00	16,559.36	153,531.36
102000 Cash - Restricted	330,331.09	0.00	0.00	0.00	0.00	330,331.09
Total Fund	474,491.35	25,636.51	293.95		16,559.36	483,862.45
5350 SEWER BOND PRINCIPAL & INTEREST						
101000 Cash - Operating	103,950.05	16,663.26	538.77	15,794.00	0.00	105,358.08
5610 AIRPORT						
101000 Cash - Operating	86,054.30	980.87	0.00	0.00	847.28	86,187.89
101010 Cash - Investment / Savings Acco	92,151.85	50.82	0.00	0.00	0.00	92,202.67
101104 CD's - Airport - Farmers	16,873.39	0.00	0.00	0.00	0.00	16,873.39
Total Fund	195,079.54	1,031.69			847.28	195,263.95
5620 Airport Project						
101000 Cash - Operating	-77,601.49	29,449.00	0.00	0.00	32,720.60	-80,873.09
7120 FIREMEN'S DISABILITY						
101000 Cash - Operating	3.15	3,888.00	0.00	0.00	3,888.00	3.15
7910 PAYROLL FUND						
101000 Cash - Operating	10,649.26	0.00	64,865.95	62,652.13	0.00	12,863.08
7930 CLAIMS FUND						
101000 Cash - Operating	14,702.14	0.00	88,997.86	84,047.77	0.00	19,652.23
Totals	3,076,800.10	292,640.36	160,255.80	170,137.90	160,255.80	3,199,302.56

*** Transfers In and Transfers Out columns should match. There are a couple exceptions to this: 1) Canceled Electronic Checks and 2) Payroll Journal Vouchers that include local deductions set up with receipt accounting. Please see cash reconciliation procedure in manual or call for more details.

**TOWN OF STEVENSVILLE
POLICE DEPARTMENT ACTIVITY REPORT
July 9th, 2018**

MONTHLY REPORT:

June Coffee with a Cop's guest speaker was MHP Trooper Jeremiah Snider, Trooper Snider spoke about the MT HOPE Project. Good community involvement. Chief Marble was also available to answer questions from the community. July's Coffee with a Cop will be on July 26th, 2018. Chief Marble, Mayor Brandon Dewey and Finance Officer April Van Tassel will be available to answer questions about the Public Safety Levy for the Police Department.

We will be accepting applications until 5:00pm on July 20th, 2018 for the position of Police Officer/SRO.

The 2012 Charger just went in for service due to recalls and they were all completed. The 2013 Ram has a recall as well and will be going in for service when the parts are available.

POLICE DEPARTMENT STATISTICS: June 2018

PERSONNEL WORKLOAD	LAST MONTH	YEAR TO DATE	LAST FULL YEAR
<i>PATROL</i>			
Calls for service	47	326	438
Citations (Including Warning)	1	136	255
Arrests	0	29	72
<i>INVESTIGATIONS</i>			
Disorderly / Vandalism	0/0	4/5	15/17
Assaults / Sex Crimes	0/0	4/3	9/5
Burglary / Theft	0/4	8/12	10/32
Fraud	0	1	3
Drug Offenses	0	3	10
DUI	0	9	23
<i>TRAFFIC</i>			
Traffic Stops	1	102	234

SPD TRAFFIC ENFORCEMENT SUMMARY LAST FULL MONTH:

Speeding 0
 Careless 0
 Reckless 0
 Stop Sign Violation 0
 Insurance 0
 Driving While Suspended 0
 Center Line Violation (U-turn) 0

**TOWN OF STEVENSVILLE
PUBLIC WORKS ACTIVITY REPORT
July 9th, 2018**

UTILITIES REPORT

Water Production

	<i>This Month</i>	<i>Last Month</i>
<i>Gallons Produced</i>	22,557,000	13,636,000
<i>Gallons Metered</i>	10,116,700	4,070,500
<i>Gallons Not Metered (Loss)</i>	12,339,000	9,565,500
<i>Pool Gallons</i>	101,000	

- 💧 Flushed hydrants. Replaced the fire hydrant on Third & Buck St.
- 💧 Sent the monthly reports to the state.

Waste Water Treatment

	<i>This Month</i>	<i>Last Month</i>
<i>Gallons Treated</i>	7,660,000	7,680,000

- 💧 The monthly reports have been sent to state & EPA.
- 💧 Replaced Blower #1. Joost Industrial was here to help with the installation. Old blower could not meet spec. M.E.T controls programming new blower. Old blower back to Joost Industrial.
- 💧 Weekly man hole checks.

STREETS & TRANSPORTATION

Had the Bitterroot Tree Service come and take down the dead tree at the school on Park Avenue.

PARK MAINTENANCE

Seasonal Parks Assistants continue mowing Parks & Cemeteries.
Having trouble with the pool boiler. Installed new ladders in the pool.

AGENDA ITEM A

X Unfinished New Business

To Be Submitted BEFORE Noon on the Wednesday before the Council Meeting

Submission Date **07-03-2018** Time: _____

Person Submitting the Agenda Item **Mayor** X Yes No

Council Member Submitting the Agenda Item Request? Name _____ Initial _____

2nd Council Member Submitting the Agenda Item Request? Name _____ Initial _____

If you are a Citizen is Submitting the Agenda Item Request please print your Name

Name _____

Citizen's Contact Phone Number _____ Citizen's email address _____

Requested Council Meeting Date for Item: 07-09-2018

Agenda Topic: **Discussion/decision – Res. 428 – A Resolution to please Public Safety Mills on the General Election Ballot**

Backup Documents Attached X Yes No

If no, why not? _____

Approved/Disapproved, If Approved, Meeting Date for Consideration **07-09-2018**

Mayor Signature Boon L. Dwyer Date 7-5-18

Requestor Contacted Date ___ - ___ - ___ Time _____ by Whom _____

If this request is disapproved, please list the date it will be placed before the council. Date ___ - ___ - ___ If the request is not valid, please annotate the reason it is not a valid item for consideration.

RESOLUTION NO. 428

A RESOLUTION TO PLACE PUBLIC SAFETY MILLS ON THE GENERAL ELECTION BALLOT

WHEREAS, Mont. Code Ann. § 7-6-4431, permits the governing body of a Town to raise money by taxation for any public or governmental purpose not specifically prohibited by law, subject to the provisions of Mont. Code Ann. § 15-10-420; and

WHEREAS, Stevensville Police Department has requested the Stevensville Town Council to place a public safety mill levy on the November 2018 general election ballot to increase the general fund levy by seventy-six (76) mills, based on the estimated value of one (1) mill being \$2,592.00. The funds will be used for the following:

1. An allocation of seventy-six (76) mills, or approximately \$197,000.00, to fund the annual operations of the Stevensville Police Department.

NOW, THEREFORE, BE IT RESOLVED, the Stevensville Town Council, declares there to be a financial need to seek an increase in the general fund levy by seventy-six mills (76) to fund the the annual operations of the Stevensville Police Department and will place before the qualified electors a mill levy on the November 2018 general election ballot requesting seventy-six (76) mills for the Town of Stevensville permanently and shall place the question as follows:

PUBLIC SAFETY MILL BALLOT

Shall the Town of Stevensville be authorized to levy seventy-six (76) mills, being approximately \$197,000 for the Fiscal year 2020 and for each additional fiscal year thereafter for the following: to fund the annual operations of the Stevensville Police Department? The fiscal impact on a home having a market value of \$100,000 is estimated

to be \$102.61 each year of the levy and \$201.21 on a home having a market value of \$200,000.

____ FOR authorizing an additional seventy-six (76) mills for the Town of Stevensville.

____ AGAINST authorizing an additional seventy-six (76) mills for the Town of Stevensville.

PASSED AND ADOPTED by the Town Council of the Town of Stevensville, Montana, this _____ day of _____, 2018.

Approved:

Attest:

Brandon E. Dewey, Mayor

Audree Tribbensee, Town Clerk

AGENDA ITEM A
Unfinished X New Business

To Be Submitted BEFORE Noon on the Wednesday before the Council Meeting

Submission Date **07-03-2018** Time: _____

Person Submitting the Agenda Item Mayor X Yes No

Council Member Submitting the Agenda Item Request? Name _____ Initial _____

2nd Council Member Submitting the Agenda Item Request? Name _____ Initial _____

If you are a Citizen is Submitting the Agenda Item Request please print your Name

Name _____

Citizen's Contact Phone Number _____ Citizen's email address _____

Requested Council Meeting Date for Item: 07-09-2018

Agenda Topic: **Discussion/decision: Alcohol Use Permit for The Living Center Employee BBQ**

Backup Documents Attached X Yes No

If no, why not? _____

Approved/Disapproved, If Approved, Meeting Date for Consideration **07-09-2018**

Mayor Signature Barbara Dwyer Date 7 - 5 - 18

Requestor Contacted Date - - Time by Whom

If this request is disapproved, please list the date it will be placed before the council. Date - - If the request is not valid, please annotate the reason it is not a valid item for consideration.

TOWN OF STEVENSVILLE
APPLICATION FOR SPECIAL EVENT PERMIT

APPLICATION DATE: 5-14-18 (Must be at least 14 days prior to event)

NAME OF GROUP OR ORGANIZATION: The Living Center

CONTACT PERSON: Michael Weuple TELEPHONE: 777-5411

ACTIVITY: Employee BBQ

LOCATION REQUESTING: 1 covered, Skatpark + Playgroung open Area

DATE: 7-14-18 STARTING TIME: 10 AM ENDING TIME: 8:00 pm

ESTIMATED NUMBER OF PEOPLE ATTENDING: 100 to 120

ALCOHOL USE? YES NO If yes please attach Alcohol Use Request Form

HIGHWAY OR STREET CLOSURE? YES NO If yes, please attach MDOT Street Closure Permit

REQUEST FOR BONFIRE? YES NO If yes, please attach Town Burn Permit

IS OVERNIGHT CAMPING REQUESTED? YES NO

DO YOU HAVE INSURANCE? YES NO

If yes please attach declaration page as proof of insurance for \$1.5 million as pursuant to Montana Statute M.C.A. 2-9-108.

WILL SECURITY BE REQUIRED? YES NO

IF YES, PLANS FOR SECURITY: _____

PLANS FOR CLEAN UP: yes,

FEE: \$ 25.⁰⁰

**If the event involves less than 1,000 participants, this application will be forwarded to the Mayor for final approval. If the event involves more than 1,000 participants, this application will be considered at the first Town Council Meeting after its receipt. The contact person will be notified of the Mayor or Council's decision the following day. ** If Council approval, a representative must attend the council meeting.

TOWN OF STEVENSVILLE
ALCOHOL USE REQUEST FORM

Applicant Name Michael Wemple Phone Number 406 777 5411

Group/Organization Name The Living Centre

Describe Intended Alcohol Use (type, amount, commercial or private, etc.) Private
company party. Alcohol will not be sold and we will ensure
no minors will consume alcohol.

Has an Application to Use/Sell Alcohol been approved by the Montana Department of
Revenue? Yes No If yes, please provide a copy.

Describe the Plan to: 1. Contain the alcohol use to a restricted area. Coolers
with alcoholic beverages will be monitored by an approved
staff member at all times. Signs will be posted to not
allow staff to leave the premises with alcohol and not to
drive while impaired.

Describe the Plan to: 2. Prevent the sale or use of alcohol by minors. See #1.
Staff member guests will need to provide their drivers license
to verify age if they appear to be under 45 years old.

Describe the Plan to: 3. Provide for the safety and security of event attendants and other
citizens. Facility will offer transportation to those who feel they
are impaired or those that appear impaired.

Approved _____ Date _____ Denied _____ Date _____

Required Deposit: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/12/2018

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 have ADDITIONAL INSURED provisions or 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 Missoula Office PayneWest Insurance, Inc. P.O. Box 4386 Missoula, MT 59808	CONTACT NAME: Mike Callaghan	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS: mcallaghan@paynewest.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Cincinnati Insurance Companies		10677
INSURER B : Montana State Fund		15819
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED
 The Living Centre, Limited
 Discovery Care Centre
 Discovery Care Consulting, LLC
 63 Main Street
 Stevensville, MT 59870

COVERAGES **CERTIFICATE NUMBER:** **REVISION 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 LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liabil <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			HCF0010404	09/01/2017	09/01/2018	EACH OCCURRENCE	\$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000					
		MED EXP (Any one person)	\$ 5,000					
		PERSONAL & ADV INJURY	\$ 1,000,000					
	GENERAL AGGREGATE	\$ 3,000,000					PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			HCF0010404	09/01/2017	09/01/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		BODILY INJURY (Per person)	\$					
		BODILY INJURY (Per accident)	\$					
		PROPERTY DAMAGE (Per accident)	\$					
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			HCF0010404	09/01/2017	09/01/2018	EACH OCCURRENCE	\$ 1,000,000
		AGGREGATE	\$ 1,000,000					
			\$					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	034098012	09/01/2017	09/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	\$
		E.L. EACH ACCIDENT	\$ 500,000					
		E.L. DISEASE - EA EMPLOYEE	\$ 500,000					
		E.L. DISEASE - POLICY LIMIT	\$ 500,000					

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

<p>CERTIFICATE HOLDER</p> Town of Stevensville 206 Buck St Stevensville, MT 59870	<p>CANCELLATION</p> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--

AGENDA ITEM B

Unfinished X New Business

To Be Submitted BEFORE Noon on the Wednesday before the Council Meeting

Submission Date **07-03-2018** Time: _____

Person Submitting the Agenda Item Mayor X Yes No

Council Member Submitting the Agenda Item Request? Name _____ Initial _____

2nd Council Member Submitting the Agenda Item Request? Name _____ Initial _____

If you are a Citizen is Submitting the Agenda Item Request please print your Name

Name _____

Citizen's Contact Phone Number _____ Citizen's email address _____

Requested Council Meeting Date for Item: 07-09-2018

Agenda Topic: Discussion/decision – Res. 429 – A Resolution Adopting Wages & Salaries for the Fiscal Year 2019

Backup Documents Attached X Yes No

If no, why not? _____

Approved/Disapproved, If Approved, Meeting Date for Consideration **07-09-2018**

Mayor Signature Boan J. J. - / Date 7 - 5 - 18

Requestor Contacted Date - - Time by Whom

If this request is disapproved, please list the date it will be placed before the council. Date - - If the request is not valid, please annotate the reason it is not a valid item for consideration.

RESOLUTION NO. 429

A RESOLUTION DETERMINING THE WAGES AND COMPENSATION OF ELECTED AND APPOINTED OFFICERS AND ALL EMPLOYEES OF THE TOWN OF STEVENSVILLE FOR FISCAL YEAR 2019 AND ESTABLISHING AN EFFECTIVE DATE FOR WAGES AND COMPENSATION.

WHEREAS, Section 7-4-4201, Montana Code Annotated, mandates the establishment of wages and compensation of elected and appointed Town officers and all Town employees by ordinance or resolution, and

WHEREAS, the Town Council of the Town of Stevensville is desirous of establishing by resolution the wages and compensation of elected and appointed Town officers and all Town employees,

NOW THEREFORE, BE IT RESOLVED by the Town Council of the Town of Stevensville, Montana:

Section 1. That all resolutions of any portion thereof in conflict here within are hereby revoked.

Section 2. That the wages and compensation for the elected and appointed Town officers and all Town employees, for Fiscal Year 2019, are hereby established as set forth in Schedule A attached hereto and by this reference made a part hereof.

Section 3. That the wages and compensation shall be effective as of July 1, 2018.

Passed and adopted by the Town Council of the Town of Stevensville, Montana, this _____ day of _____, 2018.

Approve:

Attest:

Brandon E. Dewey, Mayor

Audree Tribbensee, Town Clerk

Resolution No.429 Schedule A
Town of Stevensville FY 2019 Salary Overview

TOWN OF SEVENSVILLE, MT
POSITION CLASSIFICATION & COMPENSATION
PLAN
FY 2019 SALARY ADMINISTRATION PLAN

	Entry	Midpoint	Maximum
Building Inspector	15.00	17.22	19.54
Building Official	15.00	21.06	24.36
Court Clerk	15.97	17.57	18.00
Finance Officer	17.00	19.90	22.07
General Services Clerk	13.00	13.51	14.03
Head Lifeguard	9.00	9.50	10.00
Lifeguard	8.35	8.50	8.65
Parks Maintenance Assistant	12.00	12.00	12.00
Police Chief	19.54	23.86	28.82
Police Clerk	13.00	13.16	13.26
Police Officer	17.00	18.00	18.50
Public Works Assistant	15.00	16.85	18.80
Public Works Director	19.37	21.26	26.28
Town Clerk	15.97	17.57	18.00
Utility Billing/Public Works Clerk	15.00	17.23	18.55
Water Aerobics Instructor	9.00	10.60	12.00
Zoning Administrator	15.00	17.22	19.54
Honorariums (Monthly)			
Airport Manager			200.0000
Assistant Fire Chief			200.0000
Cemetery Sexton			200.0000
Councilmember			200.0000
Fire Chief			200.0000
Mayor			1666.6667

AGENDA ITEM __C__

__ Unfinished _X_ New Business

To Be Submitted BEFORE Noon on the Wednesday before the Council Meeting

Submission Date 07-03-2018 Time: _____

Person Submitting the Agenda Item **Mayor** Yes No

Council Member Submitting the Agenda Item Request? Name _____ Initial _____

2nd Council Member Submitting the Agenda Item Request? Name _____ Initial _____

If you are a Citizen is Submitting the Agenda Item Request please print your Name

Name Julie Foster – RCEDA

Citizen's Contact Phone Number 406-375-9416 Citizen's email address julie@rceda.org

Requested Council Meeting Date for Item: 07-09-2018

Agenda Topic: **Discussion/decision – Agreement for Ambulance Billing Services**

Backup Documents Attached Yes No

If no, why not? _____

Approved/Disapproved, If Approved, Meeting Date for Consideration **07-09-2018**

Mayor Signature  Date 7 - 5 - 18

Requestor Contacted Date ___ - ___ - ___ Time _____ by Whom _____

If this request is disapproved, please list the date it will be placed before the council. Date ___ - ___ - ___ If the request is not valid, please annotate the reason it is not a valid item for consideration.

Pintler Billing Services, LLC

P O Box 2458 ~ Eureka, MT 59917
(406) 889-5882 office ~ (866) 340-2505 office
(406) 889-5233 fax ~ (866) 563-2505 fax
www.pintlerbillingservices.com

AGREEMENT for BILLING SERVICES

THIS AGREEMENT is made by and between Pintler Billing Services, hereinafter referred to as Billing Service and _____, hereinafter referred to as Service, on this May __, 2018 and effective _____, 2018.

WHEREAS Billing Service agrees to provide and Service agrees to purchase services upon the terms and conditions in accordance with the schedule and other provisions stated herein,

AND WHEREAS this Agreement supersedes and replaces in full any previous agreement between these parties, Billing Service and Service agree to the following:

ASSURANCES:

- Billing Service and Service will each be responsible for maintaining compliance with all applicable State and Federal laws governing their respective activities as outlined in this Agreement, without extension to the other party. Service accepts responsibility for knowledge of regulations and applicable laws, and further warranties that patient care provided by, and activities performed by Service are compliant with current HIPAA law, OIG regulations and guidance, and any other applicable laws and ethical standards as recognized by the State of Montana and United States government. Billing Service is not responsible for the compliance of Service, and by submitting data for billing to Billing Service subsequent to signing this Agreement, Service is accepting full responsibility for all compliance requirements and corresponding repercussions. Billing Service accepts only responsibility for knowledge of regulations and applicable laws as they apply to Billing Service activities, and further assures Service to maintain the highest level of compliance possible through continued training and education, and certification of at least one staff member as a Certified Ambulance Compliance Officer (CACO) through National Academy of Ambulance Compliance (NAAC).

SERVICES:

- Billing Service will receive billing documents and other pertinent information from Service by US mail, secure web portal, electronic PCR software, fax, or in person *at least weekly* unless other arrangements have been made and both parties have agreed upon a change in delivery. Service shall provide Billing Service with true and accurate billing information, including, but not limited to: patient demographic information, complete signature forms as required by law, complete documentation of services provided, payments and insurance remittance received, referral or authorization numbers and/or documents, and/or other necessary medical documentation. Service also agrees to provide Billing Service with any new/updated information within one week of receipt of information. Service warrants that all information provided for billing purposes will be true and accurate to the best of their knowledge. Service will keep original documents and provide Billing Service with clear copies in either paper or electronic form. All documents provided to Billing Service will become the sole property of Billing Service. *Delivery and Receipt of PCR information:* In the event that Service selects an electronic PCR solution, Service agrees that the sole responsibility for maintenance of the relationship with the ePCR vendor, including subscription, passwords, and administration, belongs to Service. Assignment to Billing Service by Service within electronic PCR software shall constitute delivery of information to Billing Service. Service agrees to provide access to Billing Service, and agrees

that a lapse in the access or subscription to the electronic PCR software shall void Billing Service duties to retrieve billing information.

- Billing Service will process Service's trip reports and submit insurance claims, electronically or on paper (as required by payer), to insurance carriers on a schedule that will be upon receipt of billing information and never more than 5 days after billing information is received by Billing Service from Service, provided billing information is complete upon receipt as detailed above and is received from Service on a regular schedule of at least weekly. Billing Service will bill patients monthly for co-payments or private payments due to Service. Claims submitted will be tracked and any delinquent claims will be pursued by Billing Service. Aging reports will be generated monthly and past due claims and patient accounts will be investigated. Payment plans for patients, if established by Service policy, will be tracked and delinquent patient accounts will be presented in report form to Service for consideration of referral to an outside agency for collection action. At the direction of the Service, Billing Service will negotiate payment plans with patients and/or supply patients with a financial hardship waiver request form. Past due accounts will be sent to Centron Services, a Montana collections agency (or agency selected by Service), at the direction of the Service. Negotiation requests from insurance companies will be handled according to the policies established by Service.
- Billing Service will generate monthly reports detailing activity related to claims and patient billing, including: aging, total revenue, total charges, patients receiving statements, and any others agreed upon between Service and Billing Service. Billing Service will provide a telephone number for questions and inquiries from patients. All questions from patients and staff of Service will be answered immediately, and never longer than one business day, by Billing Service.
- Billing Service will perform verification of patient benefits for Service upon receipt of complete patient insurance and demographic information. Service will be responsible for prior authorizations and/or referral procurement where required prior to transport, although Billing Service shall inform and educate Service of requirements for authorizations and referrals whenever possible. Billing Service is not responsible for denied claims due to policy exclusions, benefit limits, etc.
- Billing Service will investigate and, as necessary, dispute any refund requests by insurance companies made to Service. In the event that a refund is due, Service agrees to pay refund amount to insurance company, patient, or other party to whom the funds are due within the time frame required by law. Billing Service shall refund percentage billed to Service, if any, on amounts collected by, and subsequently refunded, by Service.
- Billing Service will provide a PO Box as a payment address for remittance of physical payments. Billing Service will collect mail from PO Box daily and payments received for Service will be deposited in Service's account biweekly. Service will provide deposit slips and deposit stamp to Billing Service, and Billing Service will deposit physically or via US Mail depending on bank location of Service. A detailed report of all deposit items will be sent via secure web portal to the Service office for reference and archival purposes. At the request of Service, a separate notification will be sent to any County Treasurer's, bookkeeper's office, or other representative.
- Billing Service will provide one on-site documentation training per year for the Service's crew and designated staff. Additional training in compliance and documentation is available, and will be negotiated at the time of request.

CHARGES:

- Service agrees to pay Billing Service for herein described services at a rate of ___% of amount received by Service from all revenue. Billing Service will provide a monthly report with monthly statement detailing all transactions that have occurred. Billing Service will invoice Service at the beginning of each month for the previous months' claims. Payment will be due within 10 days of receipt of statement.
- Service will also be responsible for claims submission charges and cost of sending patient statements. These charges may not exceed \$1.50 per patient statement per month and the

clearinghouse charge of \$33.00 per month. These described costs will be detailed in a monthly invoice and may not exceed reasonable and necessary costs for processing claims and procuring payment for Service. In the event that additional services are requested by Service an addendum to this Agreement will be executed.

- Service agrees to pay Billing Service within ten (10) working days from date of invoice. Billing Service reserves the right to suspend billing for consistent non-payment by Service. Billing Service and Service shall retain the right to review and possibly negotiate different terms as circumstances dictate. Any changes to the rate will be addressed in an addendum to this Agreement. Billing Service reserves the right to alter the rate of compensation upon submission of sixty (60) days written notice to Service.

OPTIONAL SERVICES:

- Billing Service will provide assistance in establishing an NPI (National Provider Identifier), enrollment services for Medicare, Medicaid, BlueCross BlueShield, and other major insurance carriers, and provide resources for establishing rates and financial policies. Billing Service will also provide assistance in selecting an e-PCR solution.
- Service will be responsible for a one time start-up fee for a total charge of \$ 150 payable with first invoice.

TERMS: Billing Service and Service agree that this Agreement shall be valid for **one year**, and will automatically renew annually thereafter, unless either party requests a change in writing as detailed in Termination section.

TERMINATION: This Agreement may be canceled by Service by giving Billing Service sixty (60) days prior written notice. This Agreement may be canceled by Billing Service by giving Service sixty (60) days prior written notice. Upon termination of Agreement, Service agrees to remit immediately to Billing Service all charges and fees incurred to date. Billing Service will pursue payment for all services which have already been billed and Service will continue to provide necessary information until all billing is completed or sixty (60) days has passed, unless the termination is a result of wrongdoing or failure to pay, which would result in immediate cessation of billing activities. Billing Service maintains electronic copies of all billing information and will maintain these documents for 10 years after termination as dictated by law or best Services. Copies of billing documents will be available in digital form from Billing Service at request of Service upon termination of Agreement, at a rate of \$.05 per page. Billing Service reserves the right to retain copies of records in cases where charges and fees are not paid in full by Service. This Agreement may be canceled immediately by either party if any intentional wrongdoing occurs which violates the terms set herein.

LIMITATION OF LIABILITY: Service agrees that the foregoing warranty is in lieu of all other warranties, expressed or implied, including but not limited to any implied warranty of merchantability, fitness or adequacy for any particular purpose or use, quality, productiveness or capacity. Service further agrees that Billing Service shall not be liable to Service or any person claiming through or under Service for any expense of any kind whatsoever or for any lost profits or damages of any kind whatsoever caused and in no event shall Billing Service be liable for loss of business or other consequential damages even if Billing Service has been advised of the possibility of such damages. Billing Service has no liability to Service if data or records are destroyed by fire, theft, acts of God, or other cause. In the event of system malfunction, for whatever reasons, or inability to access computer, Billing Service shall not be liable for damage to or loss of any Service data that has been entered into the computer system. However, Billing Service will use its best efforts to minimize the possibility of such damage to or loss of Service data by use of regular computer backup procedures. *Back up procedures:* Billing Service will maintain electronic copies of all software, billing programs, and billing records offsite in a HIPAA-compliant manner. Billing Service will contract with third party storage companies to use state-of-the-art systems for data preservation and, if necessary, restoration of systems. Service agrees to hold Billing Service harmless

from any liability resulting from violations of State or Federal regulations relating to the extension of credit or handling of accounts receivable directed by policy of, or direction from, Service. Service agrees to aid in the defense of Billing Service in any such State or Federal proceeding. Billing Service certifies to Service that Billing Service will maintain a Compliance Plan in accordance with State and Federal Laws and will abide by the requirements therein.

WARRANTY: The warranty of Billing Service under this Agreement shall be limited to the re-running, at its own expense, of any inaccurate reports or claims, as errors become apparent and where inaccuracies were caused solely as a result of the performance of Billing Service.

GENERAL: The term "this Agreement" as used herein includes any future written amendments, modifications, supplements or schedules duly executed by Billing Service and Service. This Agreement will be governed by the laws of the State of Montana. Billing Service is entitled to reasonable attorney's fees for the enforcement of this Agreement at any stage of enforcement proceedings, including appeal. The waiver by either party of any default or breach of this Agreement shall not constitute a waiver of any subsequent default or breach of the same or of a different kind. This Agreement constitutes the whole contract between the parties and may be changed only by an addendum signed by both parties. Should any provision of this Agreement be unenforceable or against public policy, the parties agree that the remaining portions of the Agreement will be binding upon both parties.

Acceptance By:

Pintler Billing Services


Authorized Signature

Leslie Graves, Owner
Print Name and Title

5/19/18
Date

Authorized Signature

Print your Name and Title

Date