

## **MPLT RESOLUTION NO. 10- 06**

### **A RESOLUTION TO ADOPT ERISA SECTIONS 405 AND 406(b)(3) AS MPLT FIDUCIARY POLICY AND IMPLEMENT THE USE OF THE UNITED STATES DEPARTMENT OF LABOR'S LM 10 FORM**

WHEREAS, the Trustees of the Marianas Public Land Trust recognize that the current MPLT Bylaws do not adequately detail the fiduciary standards to which Trustees and MPLT Service Providers must adhere; and

WHEREAS, specifically, the MPLT Bylaws do not include detailed information on what conduct is appropriate of a fiduciary, with regard to Trust assets; and

WHEREAS, the Trustees wish to clarify and detail fiduciary standards for both the Trustees themselves and MPLT Service Providers; and

WHEREAS, the Trustees also wish to implement the use of the United States Department of Labor LM 10 Disclosure Forms for all MPLT Service Providers, to be submitted annually;

BE IT RESOLVED, THEREFORE, in consideration of the foregoing, the MPLT Board of Trustees hereby set forth the following additional language for the MPLT Bylaws:

1. The Marianas Public Land Trust hereby adopts and implements the fiduciary standards found in the United States Employee Retirement Income Security Act of 1974 §§ 405 and 406(b)(3). The fiduciary standards found in these sections shall be upheld by the MPLT Board of Trustees and all MPLT Service Providers, when acting in any capacity relating to the Trust or its assets.

2. The Marianas Public Land Trust hereby adopts and implements the required submission of United States Department of Labor LM 10 Disclosure Forms by all MPLT Service Providers to the United States Department of Labor and the CNMI Office of the Public Auditor. Said forms shall be filled out and submitted annually on or before January 31 of each year.

SO ADOPTED this 20th day of April, 2010 by the MPLT Board of Trustees at a Special Meeting on Saipan, CNMI.



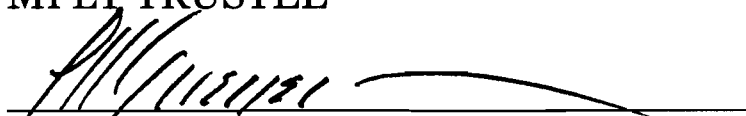
PHILLIP M. LONG  
CHAIRMAN, MPLT BOARD OF TRUSTEES



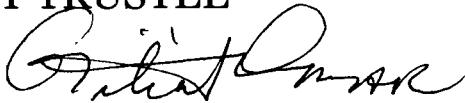
ALVARO SANTOS  
MPLT TRUSTEE



MELCHOR MENDIOLA  
MPLT TRUSTEE



PEDRO R. DELEON GUERRERO  
MPLT TRUSTEE



GREGORIA FITIAL-OMAR  
MPLT TRUSTEE

# CNMI SERVICE PROVIDER DISCLOSURE FORM

PLEASE READ ALL QUESTIONS AND INSTRUCTIONS CAREFULLY  
BEFORE PREPARING THIS REPORT

1. File Number: \_\_\_\_\_

2. Fiscal Year  
Covered  
From: \_\_\_\_\_

mm/dd/yyyy

mm/dd/yyyy

Through: \_\_\_\_\_

3. Name and address of Reporting Service  
Provider

Name: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Attention to: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address

PO Box / Bldg: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Type of Organization

Corporation  Partnership  Individual

Other (specify) \_\_\_\_\_

5. Other Address where records may be available for inspection

Attention to: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address

PO Box / Bldg: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Each of the undersigned, duly authorized officers of the above-named employer declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying document) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete.

6. Signed \_\_\_\_\_  
(Print and sign)

Title \_\_\_\_\_

On \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

7. Signed \_\_\_\_\_  
(Print and sign)

Title \_\_\_\_\_

On \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Check item number (from page two) to which this addition applies

Item 8

Item 9

Item 10

Item 11

12.a  Agreement  Payment  Both

12.b Position of government employee or official

\_\_\_\_\_

12.c Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.

12.d Name and location of branch of CNMI government at which employee or official holds a position.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address

Mailing Address

PO Box / Bldg: \_\_\_\_\_

PO Box / Bldg: \_\_\_\_\_

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

13.a Date of the promise, agreement or arrangement pursuant to which payments or expenditures were agreed to or made.

\_\_\_\_/\_\_\_\_/\_\_\_\_

13.b The promise, agreement or arrangement was:

Written\*  Oral  Both

(\*Written agreements entered into must be attached.)

14.a Date of each payment or expenditure (mm/dd/yyyy)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14.b Amount of each payment or expenditure

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14.c Kind of payment or expenditure (Payment or loan, cash or property)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach extra sheets of paper, as necessary)

**During the Fiscal Year Covered by this Report:**

If "Yes", fill out additional page

- |  | YES                      | NO                       |                      |
|--|--------------------------|--------------------------|----------------------|
| 8. Did you make or promise or agree to make, directly or indirectly, any payment or loan of money or other thing of value (including reimbursed expenses) to any government employee or official?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 9. Did you make, directly or indirectly, any payment (including reimbursed expenses) to any government employee or official for the purpose of influencing a policy or official decision made by said employee or official in their official capacity, working for the CNMI government?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 10. Did you make any expenditure where an object thereof, directly or indirectly, was to influence a policy or official decision made by a government employee or official in their official capacity, working for the CNMI government?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| 11. Did you make any agreement or arrangement with a consultant or other independent contractor or organization, pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to influence a policy or official decision made by a government employee or official in their official capacity, working for the CNMI government? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

**Total Number of Additional Pages for this Report is:** \_\_\_\_\_