



This is an authorized notification that I, _____, give permission for
PRINT FULL NAME OF AUTHORIZING INDIVIDUAL

(PRINT NAME): _____ to pick up my ARF stimulus check
distributed by the Lower Brule Sioux Tribe on December 20-22, 2022

Note: Authorizing individual must sign and date this document **in the presence of an authorized Notary Public.**

Authorizing Signature

Date

Signature of Notary Notary Public

My Commission Expires: _____

{Seal}