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	EXHIBIT	
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THE STATE OF TEXAS

Statement of Elected/Appointed Officer

(Please type or print legibly)

I <u>1.L. balkcom, Iv</u> do solemnly swear (or affirm that I have not directly or indirectly paid, offered, promised to pay, contributed. or promised to contribute any money or thing of value, or promised any public office or employment for the giving or withholding of a vote at the election at which I was elected or as a reward to secure my appointment or confirmation, whichever the case may be, so help me God.

Affianced Signature 105 Medical Plaza Sulphur Springs, tx 75482 Br. I.L. balkcom, IV Printed Name

Local Health Authority

Position to Which Elected/Appointed

Hopkins County City and/or County

SWORN TO and subscribed before me by affiant on this 2| day of 2015

Signature of Person Authorized to Administer Oaths/Affidavits

Robert Newsom

Printed Name

Hopkins County Judge Title

Revised by the DSHS Division for Regional and Local Health Services, September 2006





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OATH OF OFFICE

For Local Health Authorities in the State of Texas

(Please type or print legibly)

, do solemnly swear (or I.L. Balkcom, I∀ I. affirm), that I will faithfully execute the duties of the office of Health Authority of the State of Texas and will to the best of my ability, preserve, protect, and defend the Constitution and laws of the United States and of this State, so help me God.

chabod 2. Balkcom

Affiant 105 Medical Plaza Sulphur Springs, TX 75482

Mailing Address

ZIP

Office: 903.885.3181 Home: 903.945.5350

(Area Code) Phone Number (day and evening)

Email Address

SWORN TO and subscribed before me this 2l day of _ , 20 N.

Signature of Person Administering Oath



Robert Newsom

Printed Name

Hopkins County Judge Title

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Certificate of Appointment For a

Local Health Authority

(Please type or print legibly)

I, _____Robert Newsom

_, acting in the capacity as a

(Check the appropriate designation below)

Non-physician and the Local Health Department Director

Mayor or Designee

X County Judge of Designee

Chairperson of the Public Health District

do hereby certify the physici Texas Board of Medical Exa	miners, was du	ly appointed as the	e Local Health	n Authority for
Hopkins Con	unty		,	Texas.
Date term of office begins	August 21		, 20 5	
> Date term of office ends	August 21		, 20 _17	, unless remove by law
The Local Health Authority	has been appoi	inted and approved	d by the:	
(Check the appropriate designat				
City Council fo	or the City of			
Commissioners	Court for	Hopkins		County
Board of Healt	h for the	7 7	P	ublic Health District
I certify to the above information	ation on this th	e day of _	Augu	st , 2015
	A	pointing official	RINK	<u>}</u> _

Revised by the Office of Public Health Practice, February 2002