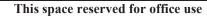
Form #2204 Rev 9/2017

Submit to: SECRETARY OF STATE Government Filings Section P O Box 12887 Austin, TX 78711-2887 512-463-6334 FAX 512-463-5569

Filing Fee: None





OATH OF OFFICE

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF TEXAS, I, Nelson Minyard, do solemnly swear (or affirm), that I will faith							
execute the d	luties of the	office of E	ctor County ISD, I	Board of Trustee, Posit	tion 7	of	
				reserve, protect, and o	defend the Consti	itution and laws	
of the United	States and	of this State	, so help me God.				
			Signat	ure of Officer			
			Signat	ule of Officer			
		Certificati	on of Person Aut	horized to Administ	er Oath		
State of	Texas						
County of	Ector						
	1 1 11	11 6	.1.2 11	1 0	Marr	20. 21	
Sworn to and	d subscribed	before me	on this11	day of	May	, 20_21	
(Affix I	Notary Seal,						
only if oath							
administered by a							
notary.))						
			Signat	ure of Notary Public	or		
			_	Signature of Other Person Authorized to Administer An			
			Oath				
			Printed	d or Typed Name			

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