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

This space reserved for office use



OATH OF OFFICE

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF TEXAS, I,			
			Signature of Officer
		Certification of Pe	rson Authorized to Administer Oath
State of	Texas		
County of	Ector		
Sworn to and subscribed before me on this _			day of, 20
(Affix Notary Seal, only if oath administered by a			
notary.)			
			Signature of Notary Public or Signature of Other Person Authorized to Administer An Oath
			Printed or Typed Name