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, <u>Alicia E. Requenez</u>, do solemnly swear (or affirm), that I will faithfully execute the duties of the office of <u>Region One Education Service Center Board of Director</u>, Place 1 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.

Signature of Officer

		Certification of Per	rson Authoriz	ed to Administe	er Oath	
State of	Texas					
County of	Hidalgo					
Sworn to an	nd subscribed	before me on this _	19th	day of	June	, 20 <u>_18</u>
	Notary Seal,					
only i admin	f oath iistered by a					
notary						
			Signature of Notary Public or Signature of Other Person Authorized to Administer An Oath			
Angela I. Rocha						
			Printed or Typed Name			

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