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 NA ·	ME AND BY THE A			,		
I, Raul R. Chapa, do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Region One Education Service Center Board of Director, Place 7 of						
the State of	Texas, and will to the b	est of my ability prese				
		Signature	of Officer			
	Certifica	tion of Person Author	ized to Administ	ter Oath		
State of	Texas					
County of	Hidalgo					
Sworn to an	d subscribed before me	e on this <u>19th</u>	day of	June	, 20 <u>18</u> .	
(Affix only if	Notary Seal, oath					
admini notary.	stered by a					
		Signature	of Notary Public	c or		
		_	Signature of Other Person Authorized to Administer An			
		Angela I. R	ocha			
		Printed or	Typed Name			

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