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>Delma Abalos</u>, do solemnly swear (or affirm), that I will faithfully execute the duties of the office of <u>Ector County ISD</u>, Board of Trustee, Position 2 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 Person Authorized to Administer Oath					
State of Texas					
County of Ector					
Sworn to and subscribed before me on this _	11	day of	May	, 20 <u>_21</u>	
(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 7	Гуреd Name			

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