OATH OF PUBLIC OFFICE

STATE OF MICHIGAN

County of _____ _____
Date

I do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution of this State, and that I will faithfully discharge my duties as a member of the _____ *Board of Directors according to the best of my ability.*

_____
Signature

_____
Name (Printed)

Sworn to and subscribed before me this _____ day of _____, 20___

*

_____
Signature

*

_____
Title

*

_____
Name (Printed)

Subscribed and sworn to by _____

before me on the ___ day of _____, _____

_____
Signature of Notary Public

Name of Notary _____

Notary Public, State of Michigan, County of _____

My Commission Expires _____

Acting in the County of _____

*Information requested if Oath of Office is taken before someone other than notary public