CERTIFICA	<b>ATE OF</b>	APPOIN	<b>IMENT</b>
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STATE OF WASHINGTON	· · · · · · · · · · · · · · · · · · ·					
COUNTY OF	/	SS.				
The undersigned offi	cers of(Commission,	Council, or Board I	Making Appointment)	do		
hereby appoint	(Person Appointed)	of	(Address)			
to the office of	(Office and Position)		. The term for th	is position		
will expire on						
Signed this	day of	, 20				
(Signature)		(Printed Na	me, Title)			
(Signature)		(Printed Name, Title)				
(Signature)		(Printed Name, Title)				
OATH OF OFFICE						
STATE OF WASHINGTON		SS.				
COUNTY OF	)	33.				
I,(Person A	Appointed)	, do sol	lemnly swear or a	affirm that I		
am a citizen of the United St	ates and State of V	Vashington; tl	hat I am legally c	qualified to		
assume the office of; that I will support the (Office and Position)						
Constitution and laws of the	United States and	the State of V	Washington; and	that I will		
faithfully and impartially dis	charge the duties of	of this office t	to the best of my	ability.		
(Signature)		(Printed Na	me)			
Subscribed and swor	n before me this		day of	. 20		