



Certificate of Appointment

For a

Local Health Authority

I, Robert Newsom, acting in the capacity as a

(Check the appropriate designation below)

- Non-physician and the Local Health Department Director
- Mayor or Designee
- County Judge of Designee
- Chairperson of the Public Health District

do hereby certify the physician, Dr. I.L. Balkcom IV, who is licensed by the Texas Board of Medical Examiners, was duly appointed as the Local Health Authority for Hopkins County, Texas.

Date term of office begins September 5, 2017

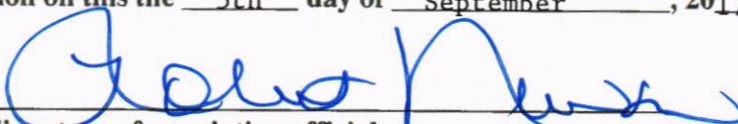
Date term of office ends September 5, 2019, unless removed by law.

The Local Health Authority has been appointed and approved by the:

(Check the appropriate designation below)

- Director, _____
- City Council for the City of _____
- Commissioners Court for Hopkins County
- Board of Health for the _____ Public Health District

I certify to the above information on this the 5th day of September, 2017.



Signature of appointing official

(See reverse side for instructions)

STATEMENT OF
APPOINTED/ELECTED
OFFICER
EXHIBIT NOT
RECEIVED FROM
COURT

OATH OF

OFFICE

EXHIBIT NOT

RECEIVED FROM

COURT