



EXHIBIT
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Certificate of Appointment For a

Local Health Authority (Please type or print legibly)

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 March 26, 2020

Date term of office ends March 26, 2022, unless remove 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 26 day of March, 2020.


Signature of appointing official



OATH OF OFFICE

For Local Health Authorities in the State of Texas

(Please type or print legibly)

I, I. L. Balkcom IV, do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Health Authority 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.

Handwritten signature of I. L. Balkcom IV in black ink.

Affiant

105 Medical Plaza, Sulphur Springs, Texas 75482

Mailing Address ZIP

Office: 903.885.3181 Home: 903. 945. 5350

(Area Code) Phone Number (day and evening)

lchabod.Balkcom@christushealth.org

Email Address

SWORN TO and subscribed before me this 26 day of March, 2020.

Handwritten signature of Robert Newsom in black ink.

Signature of Person Administering Oath

Robert Newsom

Printed Name

Hopkins County Judge

Title

(SEAL)



THE STATE OF TEXAS

Statement of Elected/Appointed Officer

(Please type or print legibly)

I I. L. Balkcom do solemnly swear (or affirm that I have not directly or indirectly paid, offered, promised to pay, contributed, or promised to contribute any money or thing of value, or promised any public office or employment for the giving or withholding of a vote at the election at which I was elected or as a reward to secure my appointment or confirmation, whichever the case may be, so help me God.

I. L. Balkcom MD

Affianced Signature

I. L. Balkcom

Printed Name

Local Health Authority

Position to Which Elected/Appointed

Sulphur Springs/Hopkins

City and/or County

SWORN TO and subscribed before me by affiant on this 26 day of March 2020.

Robert Newsom

Signature of Person Authorized to Administer
Oaths/Affidavits

Robert Newsom

Printed Name

Hopkins County Judge

Title

(SEAL)