CERTIFICATE OF APPOINTMENT

STATE OF WASHINGTON)	
COUNTY OF) ss. _)	
The undersigned officer	cs of(Commissi	on, Council, or Board Making Appointment)	do
hereby appoint		of(Address)	
(F	Person Appointed)	(Address)	
to the office of	Nee: 4 D i4i)	The term for thi	s position
will expire on			
Signed this	day of	, 20	
(Signature)		(Printed Name, Title)	
(Signature)		(Printed Name, Title)	
(Signature)		(Printed Name, Title)	
	OATH OI	F OFFICE	
STATE OF WASHINGTON)	
COUNTY OF) ss.)	
I,(Person Appe	pinted)	, do solemnly swear or at	ffirm that I
am a citizen of the United State	es and State of	f Washington; that I am legally qu	ialified to
assume the office of	Office and Position)	; that I will suppor	rt the
		nd the State of Washington; and the	nat I will
faithfully and impartially disch	arge the dutie	s of this office to the best of my a	bility.
(Signature)		(Printed Name)	
Subscribed and sworn b	efore me this	day of	, 20
(Signature)		(Printed Name, Title of Swearing Offi	cer)
(Digitature)		(1 miled maine, Thie of Swearing Offi	CC1)