

OATH OF OFFICE

For Local Health Authorities in the State of Texas

I, Linda Dooley, M.D., 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.

Linda Dooley MD

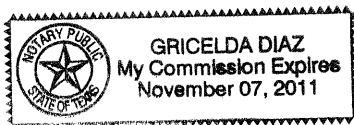
Affiant

15 Waller Street Austin, Texas 78702
Mailing Address ZIP

(512) 972-5459
(Area Code) Phone Number (day and evening)

Linda.dooley@ci.austin.tx.us
Email Address

SWORN TO and subscribed before me this 17th day of December, 2007.

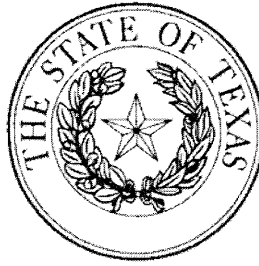


(Seal)

[Signature]
Signature of Person Administering Oath

GRICELDA DIAZ
Printed Name

Notary Public
Title



THE STATE OF TEXAS

Statement of Elected/Appointed Officer

(Please type or print legibly)

I Linda Dooley, M.D. 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.

A handwritten signature in cursive script, appearing to read "Linda Dooley, M.D.", written over a horizontal line.

Affiant's Signature

Linda Dooley, M.D.

Printed Name

Health Authority

Position to Which Elected/Appointed

Austin/Travis County

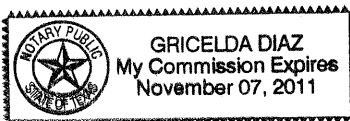
City and/or County

SWORN TO and subscribed before me by affiant on this 17th day of December 2007.

A handwritten signature in cursive script, appearing to read "Gricelda Diaz", written over a horizontal line.

Signature of Person Authorized to Administer
Oaths/Affidavits

(Seal)



GRICELDA DIAZ

Printed Name

Notary Public

Title



Certificate of Appointment

For a

Local Health Authority

I, David Lurie, 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, Linda Dooley, M.D., who is licensed by the Texas Board of Medical Examiners, was duly appointed as the Local Health Authority for Austin and Travis County, Texas.

Date term of office begins February 1, 2008

Date term of office ends January 31, 2009, unless removed by law.

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

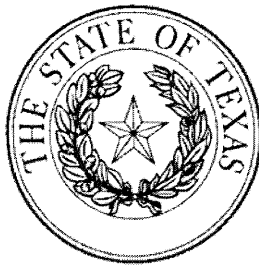
(Check the appropriate designation below)

- ☒ Director, Austin/Travis County Health and Human Services Department
☒ City Council for the City of Austin, Texas
☒ Commissioners Court for Travis County
☐ Board of Health for the _____ Public Health District

I certify to the above information on this the _____ day of _____, 20__.

Signature of appointing official

(See reverse side for instructions)



OATH OF OFFICE

For Local Health Authorities in the State of Texas

I, Edward MacLeod Racht, M.D., do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Alternate 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.

A handwritten signature in cursive script, appearing to read "Ed M. Racht".

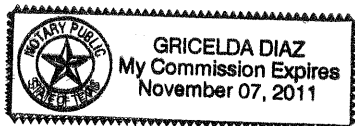
Affiant

517 South Pleasant Valley Austin, Texas 78741
Mailing Address ZIP

(512) 908-0001
(Area Code) Phone Number (day and evening)

Edward.racht@ci.austin.tx.us
Email Address

SWORN TO and subscribed before me this 10th day of December, 2007



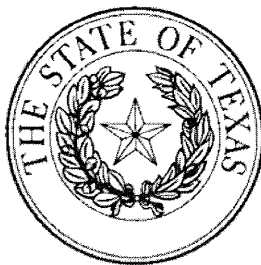
(Seal)

A handwritten signature in cursive script, appearing to read "Gricelda Diaz".

Signature of Person Administering Oath

GRICELDA DIAZ
Printed Name

Notary Public Travis County Texas
Title



THE STATE OF TEXAS

Statement of Elected/Appointed Officer

(Please type or print legibly)

I Edward MacLeod Racht, M.D. 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.

A handwritten signature in dark ink, appearing to read "Ed M. Racht".

Affiant's Signature

Edward MacLeod Racht, M.D.

Printed Name

Alternate Health Authority

Position to Which Elected/Appointed

Austin/Travis County

City and/or County

SWORN TO and subscribed before me by affiant on this 10th day of December 2007.

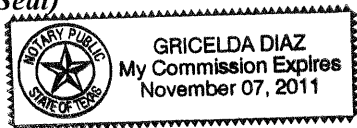
A handwritten signature in dark ink, appearing to read "Gricelda Diaz".

Signature of Person Authorized to Administer
Oaths/Affidavits

GRICELDA DIAZ

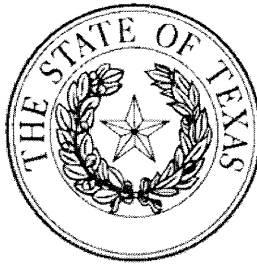
Printed Name

(Seal)



Administrative Specialist / Notary Public

Title Travis County, Texas



Certificate of Appointment

For a

Local Health Authority

I, David Lurie, 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, Edward MacLeod Racht, M.D., who is licensed by the Texas Board of Medical Examiners, was duly appointed as the Local Alternate Health Authority for Austin and Travis County, Texas.

Date term of office begins February 1, 2008

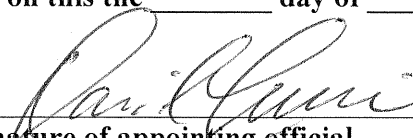
Date term of office ends January 31, 2009, unless removed by law.

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

(Check the appropriate designation below)

- ☒ Director, Austin/Travis County Health and Human Services Department
☐ City Council for the City of Austin, Texas
☒ Commissioners Court for Travis County
☐ Board of Health for the _____ Public Health District

I certify to the above information on this the _____ day of _____, 20__.



Signature of appointing official

(See reverse side for instructions)



OATH OF OFFICE

For Local Health Authorities in the State of Texas

I, Birch Kimbrough, M.D., do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Alternate 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.

Affiant

517 South Pleasant Valley Austin, Texas 78741
Mailing Address ZIP

(512) 978-0043
(Area Code) Phone Number (day and evening)

Birch.kimbrough@ci.austin.tx.us
Email Address

SWORN TO and subscribed before me this _____ day of _____, 20__.

Signature of Person Administering Oath

(Seal)

Printed Name

Title



THE STATE OF TEXAS

Statement of Elected/Appointed Officer

(Please type or print legibly)

I Birch Kimbrough, M.D. 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.

Affianced Signature

Birch Kimbrough, M.D.

Printed Name

Alternate Health Authority

Position to Which Elected/Appointed

Austin/Travis County

City and/or County

SWORN TO and subscribed before me by affiant on this ____ day of _____ 20__.

Signature of Person Authorized to Administer
Oaths/Affidavits

(Seal)

Printed Name

Title



Certificate of Appointment

For a

Local Health Authority

I, David Lurie, 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, Birch Kimbrough, M.D., who is licensed by the Texas Board of Medical Examiners, was duly appointed as the Alternate Local Health Authority for Austin and Travis County, Texas.

Date term of office begins February 1, 2008

Date term of office ends January 31, 2009, unless removed by law.

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

(Check the appropriate designation below)

- ☒ Director, Austin/Travis County Health and Human Services Department
☒ City Council for the City of Austin, Texas
☒ Commissioners Court for Travis County
☐ Board of Health for the _____ Public Health District

I certify to the above information on this the _____ day of _____, 20__.

Signature of appointing official

(See reverse side for instructions)