Submit to: SECRETARY OF STATE Government Filings Section P O Box 12887 Austin, TX 78711-2887 512-463-6334

E CE CO

This space reserved for office use

Filing Fee: None	OATH OF OFFICE				
I, Tony McKnight execute the duties of the office of C	est of my ability preserve, protect, and defend the Constitution and laws				
	Signature of Officer				
Certification of Person Authorized to Administer Oath					
State of Texas					
County of Cherokee	<del></del>				
Sworn to and subscribed before me on this 13th day of May , 20 24 .					
(Affix Notary Seal, only if oath administered by a notary.)  MELANIE D WILLIAMSON  MELANIE D WILLIAMSON					
Notary ID #129450208 My Commission Expires June 7, 2025	Signature of Notary Public or Signature of Other Person Authorized to Administer An Oath				

Melanie Denise Williamson (Pounds)

Printed or Typed Name

Submit to: SECRETARY OF STATE Government Filings Section P O Box 12887 Austin, TX 78711-2887 512-463-6334 FAX 512-463-5569

Filing Fee: None

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## **OATH OF OFFICE**

I, Billie Pe	tty	ITY OF THE STATE OF TEXAS,, do solemnly swear (or affirm), that I will faithfully			
execute the duties of the office of City of Wells Councilmemebr of the State of Texas, and will to the best of my ability preserve, protect, and defend the Constitution and laws					
of the Unite	d States and of this State, so hel	p me God.			
		Signature of Officer			
	Certification of I	Person Authorized to Administer Oath			
State of	Texas				
County of Cherokee					
Sworn to an	d subscribed before me on this	3 13th day of May , 20 24 .			
only if	Notary Seal, f oath istered by a				
SALE OF	MELANIE D WILLIAMSON Notary ID #129450208 My Commission Expires June 7, 2025	Signature of Notary Public or Signature of Other Person Authorized to Administer An Oath			
		Melanie Denise Williamson (Pounds)			
		Printed or Typed Name			

3

Form 2204

Submit to: SECRETARY OF STATE Government Filings Section P O Box 12887 Austin, TX 78711-2887 512-463-6334 FAX 512-463-5569

Filing Fee: None

## **OATH OF OFFICE**

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IN	THE NAME AND BY THE AUTHORITY OF T	HE STATE OF TEXAS,	
I,	Robert Kalka	, do solemnly swear (or affirm), that I will faithful	ılly
exe	ecute the duties of the office of City of Wells Counc	eilmemehr	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.

( of a V a - c

## Certification of Person Authorized to Administer Oath

State of

**Texas** 

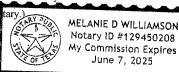
County of

Cherokee

Sworn to and subscribed before me on this 13th day of May , 20 24

(Affix Notary Seal, only if oath

administered by a



Melanie il. Williamson

Signature of Notary Public or

Signature of Other Person Authorized to Administer An Oath

Melanie Denise Williamson (Pounds)

Printed or Typed Name

3

Submit to: SECRETARY OF STATE Government Filings Section P O Box 12887 Austin, TX 78711-2887 512-463-6334 FAX 512-463-5569

Filing Fee: None

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## **OATH OF OFFICE**

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF TEXAS,  I, Kayla White , do solemnly swear (or affirm), that I will faithfully execute the duties of the office of City of Wells Councilmemebr 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.				
		Signature of Officer		
	Certification of	Person Authorized to Administer Oath		
State of	Texas			
County of	Cherokee	······		
Sworn to and	subscribed before me on thi	s 13th day of May , 20 24 .		
only if o	otary Seal, ath cered by a			
	MELANIE D WILLIAMSON Notary ID #129450208 My Commission Expires June 7, 2025	Signature of Notary Public or Signature of Other Person Authorized to Administer An Oath		
		Melanie Denise Williamson (Pounds)		

Printed or Typed Name