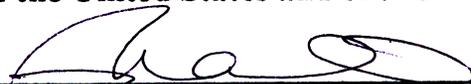


OATH OF OFFICE

For Local Health Authorities in the State of Texas

I, MURIEL MARSHALL, DO, MPH&TM, D+PH, 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.



Affiant

825 N. McDONALD ST., MCKINNEY, TX 75069
Mailing Address ZIP

(972) 548-5511 (214) 686-2994
(Area Code) Phone Number (day and evening)

mmarshall@co.collin.tx.us
Email Address

SWORN TO and subscribed before me this 2nd day of JANUARY, 2013.



Signature of Person Administering Oath

(Seal) Keith Self
Printed Name

County Judge
Title



Certificate of Appointment

For a

Local Health Authority

I, KEITH SELF, 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, Muriel Marshall, DO, MPH&TM, DrPH, who is licensed by the Texas Board of Medical Examiners, was duly appointed as the Local Health Authority for Collin County, Texas.

Date term of office begins February 1, 2013

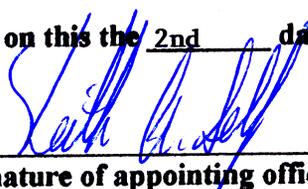
Date term of office ends January 31, 2015, unless removed by law.

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 Collin County
 Board of Health for the _____ Public Health District

I certify to the above information on this the 2nd day of January, 2013.



Signature of appointing official

(See reverse side for instructions)