OATH OF OFFICE

	STATE OF MICHIGAN	
County of		

Constitution of this State, and	that I will faithfully discharge the duties of the office of	
according to the best of my ab	oility.	
according to the best of my do	uuy.	
		**
	Signature	
	Name Printed or Typed	
Sworn to and subscribed before	re me this day of	
20		**
	Signature	
		*
	Title	
	Name Printed or Typed	*
Name of Notary:		

County:

Acting in:

Commission Expires:

- * This information is requested if Oath of Office is taken before someone other than a notary public.
- ** When filing with the Secretary of State, original signatures are required.