OATH OF OFFICE

STATE OF MICHIGAN

County of ______________________

I do solemnly swear that I will support the Constitution of the United States and the Constitution of this State, and that I will faithfully discharge the duties of the office of ____________________________

according to the best of my ability.

________________________________________
Signature

________________________________________
Name Printed or Typed

Sworn to and subscribed before 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.