COOPERATIVE EDUCATIONAL SERVICE AGENCY NO. 9

BOARD OF CONTROL

OATH OF OFFICE

State of Wisconsin)
ss
County of Lincoln)

I, the undersigned, who have been ~~elected~~ (or appointed) to the office of Board of Control Member, but have not yet entered upon the duties thereof, swear (or affirm) that I will support the Constitution of the United States and the Constitution of Wisconsin, and will faithfully discharge the duties of said office to the best of my ability. So help me, God.

Signed_____

Submitted and sworn to me this 4th day of May, 20 15.

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Agency Administrator Signature