

THE STATE OF TEXAS

Statement of Elected/Appointed Officer

(Please type or print legibly)

I Dr. Gregory Backofen, M.D. do solemnly swear (or affirm) that I have not directly or indirectly paid, offered, promised to pay, contributed, or promised to contribute any money or thing of value, or promised any public office or employment for the giving or withholding of a vote at the election at which I was elected or as a reward to secure my appointment or confirmation, whichever the case may be, so help me God.

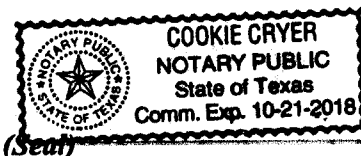
J Back
Affiant's Signature

Dr. Gregory Backofen, M.D.
Printed Name

Local Health Authority
Position to Which Elected/Appointed

Sabine County
City and/or County

SWORN TO and subscribed before me by affiant on this 15 day of Feb 2018.



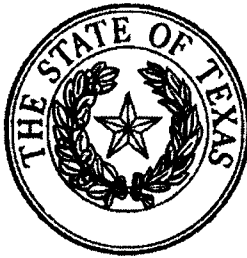
(Seal)

Cookie Cryer
Signature of Person Authorized to Administer
Oaths/Affidavits

Cookie Cryer
Printed Name

Notary
Title

VOL 30 PG 396



OATH OF OFFICE

For Health Authorities in the State of Texas

I, Dr. Gregory Backofen, MD, 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.

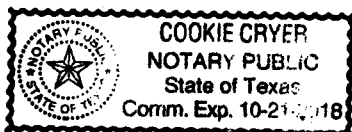
Dr. Backofen
Affiant

2421 Worth St., Hemphill, Tx 75948
Mailing Address ZIP

409-787-1416
(Area Code) Phone Number (day and evening)

Email Address

SWORN TO and subscribed before me this 15 day of Feb, 2018.



(Seal)

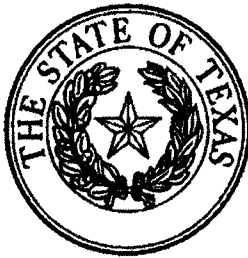
Cookie Cryer
Signature of Person Administering Oath

Cookie Cryer
Printed Name

Notary
Title

Revised by DSHS Division for Regional and Local Health Services, June 3, 2016

VOL 3 - PG 397



Certificate of Appointment for a Health Authority

The Health Authority has been appointed and approved by the:

(Check the appropriate designation below)

☒ Commissioners Court for Sabine County
☐ Governing Body for the Municipality of _____
☐ Director, _____ Health Department
☐ Director, _____ Public Health District

I, Daryl Melton, acting in my capacity as:

(Check the appropriate designation below)

☒ County Judge or Designee
☐ Mayor or Designee
☐ Non-physician and the Local Health Department Director
☐ Non-physician and the Public Health District Director

do hereby certify the physician, Dr. Gregory Backofen, M.D., who is licensed by the Texas Board of Medical Examiners, was duly appointed as the (check as applicable),
☒ Health Authority
☐ Health Authority Designee

for the jurisdiction of Sabine County, Texas.

Date term of office begins 2-12, 2018

Date term of office ends 2-12, 2020, unless removed by law.

I certify to the above information on this the 15 day of Feb, 2018.

Daryl Melton
Signature of Appointing Official

The State Of Texas §

County Of Sabine §

I hereby certify that these documents were filed and duly
recorded in the Commissioner Court Minutes of Sabine
County, Texas.

Volume 3-n Page 231

Janice McDaniel ~ County Clerk



By:

Y. Brad Huffman

Deputy

VOL 3-n PG 399

008 16