



OATH OF OFFICE

For Local Health Authorities in the State of Texas

I, 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.

J Back M.D.

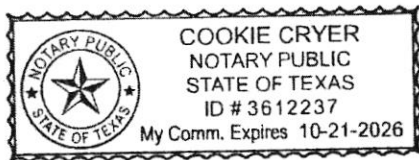
Affiant

2421 Worth Street, Hemphill, TX 75948
Mailing Address ZIP

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

gbackofen@sabinecountyhospital.com
Email Address

SWORN TO and subscribed before me this 10 day of March, 2026.



(Seal)

Cookie Cryer
Signature of Person Administering Oath

Cookie Cryer
Printed Name

Notary
Title



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, _____, who is licensed by the Texas Board of Medical Examiners, was duly appointed as the (check as applicable),

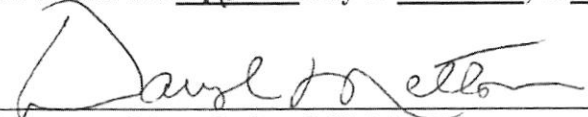
Health Authority
 Health Authority Designee

for the jurisdiction of Sabine County, Texas.

Date term of office begins March 9, 2026

Date term of office ends March 9, 2028, unless removed by law.

I certify to the above information on this the 10 day of MARCH, 2026.



Signature of Appointing Official