

Submit to:
SECRETARY OF STATE
Government Filings Section
P O Box 12887
Austin, TX 78711-2887
512-463-6334
FAX 512-463-5569
Filing Fee: None



OATH OF OFFICE

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF TEXAS,
I, Almarie Henderson Shumate, do solemnly swear (or affirm), that I will faithfully execute the
duties of the office of Director, At Large, Nacogdoches County Hospital District 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.

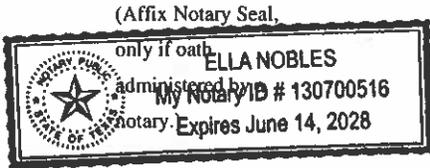
Almarie Henderson Shumate
Signature of Officer

Certification of Person Authorized to Administer Oath

State of Texas

County of Nacogdoches

Sworn to and subscribed before me on this 18 day of November, 2025.



Ella Nobles

Signature of Notary Public or
Signature of Other Person Authorized to Administer An
Oath

Ella Nobles
Printed or Typed Name