

Form #2204 Rev 9/2017

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OATH OF OFFICE

IN THE NAME AND BY THE AUTHORITY OF THE STATE OF TEXAS,  
I, Pamela Wheeler, do solemnly swear (or affirm) that I will faithfully execute the duties of the office of Director, Precinct 1 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.

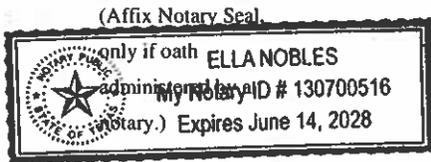
Pamela J. Wheeler  
Signature of Officer

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