



Office of the Minnesota Secretary of State

OATH OF OFFICE

I, **Najma Abdullahi**

(Name of Person Elected or Appointed)

do solemnly swear that I will support the Constitution of the United States and the Constitution of the State of Minnesota, and that I will faithfully discharge the duties of the office of:

Minnesota e-Health Advisory Committee

(Name of Advisory Council, Board, or Committee)

Consumer Member

(Position or Seat Name)

To the best of my judgment and ability, so help me God.

I certify that I am authorized to execute this oath, and I further certify that I understand that by signing this oath I am subject to the penalties of perjury as set forth in Minnesota Statutes section 609.48 as if I had signed this oath before a notary public.

Signature

Najma Abdullahi

Date

07/31/2024

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Office of the Minnesota
Secretary of State, Steve Simon

Return completed oath electronically to: official.documents@state.mn.us

Or mail completed oath to:

Minnesota Secretary of State, ATTN: Official Documents

Veterans Services Building, 20 W. 12th Street, Suite 201, St. Paul, MN 55155