

STATE OF MINNESOTA,

ss

Chicago County.

Return completed oath to:

Secretary of State
174 State Office Building
St. Paul, MN 55155

I 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:

Governor's Planning Council on Developmental Disabilities



to the best of my judgement 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.

9800318

Edward R. Skarnulis
Signature SKARNULIS