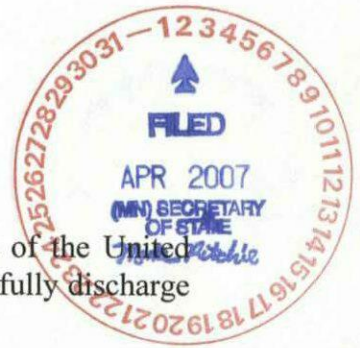


STATE OF MINNESOTA,

DAKOTA

SS

COUNTY



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:

Podiatrist Member
BOARD OF PODIATRIC MEDICINE

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 section 609.48 as if I had signed this oath before a notary public.


DR. EUGENE DELA CRUZ

Please return completed oath to:

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

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