

STATE OF \_\_\_\_\_ } ss.  
County of \_\_\_\_\_

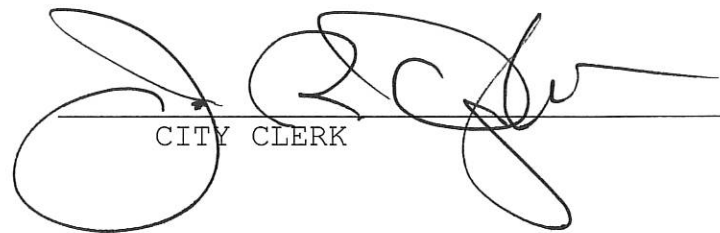
The undersigned who has been appointed to the office of

**COMMISSIONER OF HEALTH**

but has not yet entered upon the duties thereof, swears that she will support the constitution of the United States and the constitution of the State of Wisconsin, and will faithfully discharge the duties of said office to the best of her ability.

  
\_\_\_\_\_  
PATRICIA MCMANUS

Subscribed and sworn to before me this 19<sup>th</sup> day of February, 2017.

  
\_\_\_\_\_  
CITY CLERK

My commission expires \_\_\_\_\_