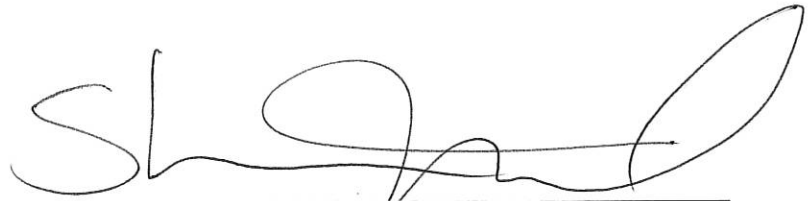


STATE OF _____ } ss.
County of _____

The undersigned who has been appointed to the office of
MEMBER, RESIDENTS PREFERENCE PROGRAM REVIEW COMMISSION

but has not yet entered upon the duties thereof, swears that he 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 his ability.



SHANNON METOXEN

Subscribed and sworn to before me this 9th day of
March, 2018.



CITY CLERK

My commission expires _____