|       | Member  | of   | State  | Board | of | Water | Treatment      | t   |
|-------|---------|------|--------|-------|----|-------|----------------|-----|
|       | Certifi | cåt  | ion    |       |    |       |                |     |
| ATURE | oath o  | of   | Office |       |    |       |                |     |
|       |         |      |        |       |    |       |                |     |
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| TILED | 9/23/7  | <br> |        |       |    | BOOK  | PA<br>FILE NO. |     |