CERTIFICATE OF ELECTION

_____

(Newly Elected Supervisor's Name)

KNOW ALL PERSONS BY THESE PRESENT:

That on the _____(day) of _____(month) 20___(year), the designated election official of the _____ (Conservation District name) declared _____ (supervisor's name) elected as Supervisor of said District for a term of four years. Beginning with the 1st day of January 20___ (year term begins) and ending the 31st day of December 20___ (year term ends), or until your successor is determined and qualified; that thereafter, the person designated above entered upon the discharge of the duties as Supervisor of said District by taking the prescribed Oath of Office, ant that the designated person is the duly qualified Supervisor of the _____ (Conservation District Name).

IN TESTIMONY WHEREOF, I have hereunto set my hand this _____(day) of _____ (month), 20___(year).

_____

(Conservation District Name)

_____

(Chair Signature)

_____

(Printed Name, Chair, Conservation District Board of Supervisors)

CERTIFICATE OF APPOINTMENT

_____

(Newly Appointed Supervisor's Name)

KNOW ALL PERSONS BY THESE PRESENT:

That _____(name of appointed supervisor) of _____(town of residence), Idaho being a landowner or farmer of the _____(name of conservation district) and registered to vote in the State of Idaho was duly appointed supervisor of the _____ (name of conservation district) to fill the unexpired term of _____ (name of supervisor being replaced), serving until _____ (either the date on which the term of the supervisor being replaced ends, or four years from today's date, as voted on by the district board);

IN TESTIMONY WHEREOF, I have hereunto set my hand this _____(day) of _____(month), _____(year).

_____

(Conservation District Name)

_____

(Signature of District Chair)

_____

(Printed Name of District Chair, Conservation District Board of Supervisors)

IDAHO CONSERVATION DISTRICT SUPERVISOR

OATH OF OFFICE

I, _____, do solemnly swear (or affirm) that I will support the Constitution of the United States, and the Constitution of the State of Idaho, and that I will faithfully discharge the duties of the office of Supervisor of the

_____Conservation District

according to the best of my ability.

Signature:_____ Date: _____

State of Idaho

ss.

County of _____

On this __ day of _____, in the year of 20___, before me _____,

personally appeared _____, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledge that he (she) executed the same.

S

E

A

L

Notary Public: _____

My Commission expires on: _____