



Certificate of Appointment

for a

Health Authority

The Health Authority has been appointed and approved by the:

(Put an "X" by the appropriate designation below)

_____ Commissioners Court for _____ County

Governing Body for the Municipality of LEON VALLEY

_____ Director, _____ Health Department

_____ Director, _____ Public Health District

I, Chris Riley, Mayor, acting in my capacity

as: *(Put an "X" by the appropriate designation below)*

County Judge or Designee

Mayor or Designee

Non-physician and the Local Health Department Director

Non-physician and the Public Health District Director

do hereby certify the physician, CHICHI JUNDA WOO, who is licensed by the Texas Board of Medical Examiners, was duly appointed as the (check as applicable),

Health Authority

Health Authority Designee

for the jurisdiction of LEON VALLEY, Texas.

Date term of office begins June 10, 2024

Date term of office ends June 9, 2026, unless removed by law.

I certify to the above information on this the 7th day of May, 2024.

Signature of Appointing Official