

**CERTIFICATE OF APPOINTMENT OR ELECTION
OF SCHOOL DISTRICT DIRECTOR**

(Ref.: RCW 28A.343.370)

This is to Certify that on the 7th day of October, 2015, a majority of the (check one) School District Board of Directors,
 Educational Service District Board voted in a duly held public meeting to appoint/elect Steven Boyd Madsen to the
office of director of Woodland School District No. 404, to expire 2017, and who replaces Jeremy Stuart.

Certified by: _____
(Secretary of the Board)

this 7th day of October, 2015.

DIRECTOR'S OATH OF OFFICE

(Ref.: RCW 28A.343.360)

TO: County Auditor

State of Washington)
) SS.
County of)

I, Steven Boyd Madsen, do hereby solemnly swear (or affirm) that I will support the Constitution of the United States and
the Constitution of the state of Washington and will faithfully discharge the duties of Director of Woodland School District
No. 404, Cowlitz County, state of Washington, to the best of my ability.

Signed: _____

Subscribed and sworn to (or affirmed) before me this 12th day of
October, 2015.

Signed: _____
(Official administering oath)

Title of Official: Superintendent of Schools

CERTIFICATE OF DIRECTOR'S SIGNATURE

(Ref.: RCW 28A.400.020)

TO: County Auditor

This is to Certify that the signature which appears below is that of Steven Boyd Madsen who was appointed/elected to the
office of Director of Woodland School District No. 404.

Signed: _____
(Director Elected)

Address: 11610 Lewis River Road
Cougar, WA 98616

Certified by: _____
(Secretary of the Board)

Instructions on reverse side

this 12th day of October, 2015.

CERTIFICATE OF APPOINTMENT OF SCHOOL DISTRICT DIRECTOR

This portion of the form is to be completed whenever a person is **appointed or elected** to the board of directors of a school district.

DIRECTOR'S OATH OF OFFICE

This oath or affirmation must be taken before a school district or educational service district superintendent, notary public, or another official authorized to administer oaths prior to assuming the office of school director.

CERTIFICATE OF DIRECTOR'S SIGNATURE

Every school district director and school district superintendent shall have his/her signature certified and on file in the office of the county auditor.

DISTRIBUTION: School Districts

Submit the original and two copies of completed form to the Educational Service District Superintendent

Educational Service District

Send: Original – County Auditor

Copy – Administrative Resource Services
Office of Superintendent of Public Instruction
Old Capitol Building
PO BOX 47200
OLYMPIA WA 98504-7200

A reminder that all sections must be filled out in its entirety in order for Administrative Resource Services to update the information. The pertinent information is who the school board member replaced (if applicable) or if they were re-elected for another term. The new board member's address is needed as well.