FILED FOR RECORD
At 9 ,o'clock A M

FEB 18 2026

RENEE GREGORY
Clerk County Court, Freestone County, Texas
By Renee Gregory

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)

X **Commissioners Court for** FREESTONE **County**

_____ **Governing Body for the Municipality of** FREESTONE COUNTY

_____ **Director,** _____ **Health Department**

_____ **Director,** _____ **Public Health District**

I, JAMES K. HALL, MD, PLLC **, acting in my capacity as: (*Put an "X" by the appropriate designation below*)**

X **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, JAMES K. HALL, MD, PLLC **, who is licensed by the Texas Board of Medical Examiners, was duly appointed as the (check as applicable),**

X **Health Authority**
_____ **Health Authority Designee**

for the jurisdiction of FREESTONE COUNTY **, Texas.**

Date term of office begins FEBRUARY 18 **, 20**26

Date term of office ends FEBRUARY 18 **, 20**28**, unless removed by law.**

I certify to the above information on this the 18th **day of** February **, 20**26**.**

COMMISSIONERS COURT FREESTONE COUNTY, TEXAS

_____
Signature of Appointing Official

THE STATE OF TEXAS

Statement of Elected/Appointed Officer

(Please type or print legibly)

I JAMES K. HALL MD, PLLC do solemnly swear (or affirm) that I have not directly or indirectly paid, offered, promised to pay, contributed, or promised to contribute any money or thing of value, or promised any public office or employment for the giving or withholding of a vote at the election at which I was elected or as a reward to secure my appointment or confirmation, whichever the case may be, so help me God.

James K Hall

Affiant's Signature

James K. Hall, Jr

Printed Name

HEALTH AUTHORITY

Position to Which Elected/Appointed

FREESTONE COUNTY

City and/or County

SWORN TO and subscribed before me by affiant on this 18 **day of** February **20**26

Signature of Person Authorized to Administer Oaths/Affidavits

Gabby Maldonado

Printed Name

Notary

Title

Gabriella Mattie Maldonado
My Commission Expires
10/26/2027
Notary ID 134621453

(Seal)

Pursuant to Tex. Const. Art. XVI, §1(b). Revised by DSHS Division for Regional and Local Health Operations October 29, 2021

OATH OF OFFICE

For Health Authorities in the State of Texas

I, JAMES K. HALL MD, PLLC, do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Health Authority (HA) of the State of Texas and will to the best of my ability, preserve, protect, and defend the Constitution and laws of the United States and of this State, so help me God.

James Hall
Affiant*

Jim Hall
Preferred Name (e.g. "J. Paul Doe")

9132 W FM 744 Corsicana, Tx 75110
Mailing Address* **ZIP***

M3816
Texas Medical License Number*

903602 6764
Phone Number (Emergency/After Hours)*

Are you a deputy/backup HA?

drjkhall@hotmail.com
Email Address (Official, if you have one)*

Additional Email Address

SWORN TO and subscribed before me this 18 **day of** February, **20**24.

Gabriella Mattie Maldonado
My Commission Expires
10/26/2027
Notary ID 134621453

Maldonado
Signature of Person Administering Oath

Gabby Maldonado
Printed Name

Notary
Title

(Seal)

*=denotes required field

Revised by DSHS Division for Regional and Local Health Operations, October 29, 2021