

APR 26 2021

By Shirley A. ...
Deputy Secretary of State

OATH

for the Office of Board of Pharmacy

I, Jason Weisz, do solemnly swear
(or affirm) that I will support and defend the Constitution of the
United States and the Constitution of the State of California
against all enemies, foreign and domestic; that I will bear true
faith and allegiance to the Constitution of the United States and
the Constitution of the State of California; that I take this
obligation freely, without any mental reservation or purpose of
evasion; and that I will well and faithfully discharge the duties
upon which I am about to enter.

Signature Jason Weisz

Term Expires June 1, 2024

2020 SEP 21 PM 3:08

OHSA
OFFICE

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DCA

Subscribed and sworn to before me,
this _____ day of _____
A. D. _____

See
Attached Certificate

APR 26 2021

BY: *[Signature]*
GOVERNMENT CLERK

CALIFORNIA JURAT WITH AFFIANT STATEMENT

~~SECTION 10300, CALIFORNIA GOVERNMENT CODE~~

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

Signature of Document Signer No. 1 _____

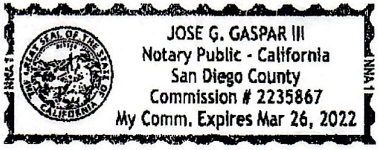
Signature of Document Signer No. 2 (if any) _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of San Diego

Subscribed and sworn to (or affirmed) before me
on this 8 day of September, 2020
by _____
Date Month Year

(1) Jason Weisz
(and (2) _____),
Name(s) of Signer(s)



proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Place Notary Seal and/or Stamp Above

Signature Joe G. Gaspar III
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document _____

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

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