DOUGLAS COUNTY, NV This is a no fee document

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DC/DISTRIC ATTORNEY

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APN# Recording requested by: KAREN ELLISON, RECORDER Name: Address: City/State/Zip: Mail tax statements to: Name: Address: City/State/Zip: Mail to, if different than above: Name: Address: City/State/Zip: Please complete Affirmation Statement below: I, the undersigned, hereby affirm that this document submitted for recording does not contain the social security number of any person or persons (Per NRS 239B.030). -OR-I, the undersigned, hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law (State specific law) Signature (Print name under signature) Title (Insert Title of Document Above) Only use the following section if it applies to your document This document is being re-recorded to

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APPOINTMENT

I, Mark B. Jackson, District Attorney of Douglas County, Nevada, do hereby designate and appoint

PETER P. HANDY

to serve in the capacity of Deputy District Attorney for Douglas, County, Nevada, during my pleasure and until this appointment is revoked.

DATED this 13th day of April, 2015.

MARK B. JACKSON

DOUGLAS COUNTY DISTRICT ATTORNEY

I, Peter P. Handy, do solemnly swear that I will support, protect and defend the Constitution and Government of the United States of America and the Constitution and Government of the State of Nevada against all enemies, whether foreign or domestic, and that I will bear true faith, allegiance and loyalty to the same, any ordinance, resolution or law of the State notwithstanding, and that I will well and faithfully perform all the duties of the office of Deputy District Attorney of which I am about to enter; so help the God.

Peter P. Handy

SUBSCRIBED and SWORN to before me

by Peter P. Handy, this Handy of April, 2015.

BOBBIE WILLIAMS

BV. STO MINION

DEPUTY COURT CLERK