

Local Workforce Investment Board

ATTESTATION FOR REVIEW OF BY-LAWS

The following form must be completed and submitted to the Division of Workforce Development annually. The purpose of the form is to assure that all members of the Local Workforce Investment Board have reviewed and understand their current by-laws. The form must be signed and dated by at least a quorum of the membership. Please include the printed name of the member on the line below their signature. If additional signature/date lines are needed, please add them accordingly.

Name of Local Workforce Investment Board: Northwest WIB

The following local board members attest by their signatures that they have reviewed and understand the board's current by-laws:

Lisa Miller 12/7/10
(Insert name of Chair) Date

Rexett Smith 12/7/10
(Insert name of member) Date

[Signature] 12-7-10
(Insert name of member) Date

Bert Caldwell 12/7/10
(Insert name of member) Date

[Signature] 12/7/10
(Insert name of member) Date

[Signature] 12-7-10
(Insert name of member) Date

[Signature] 12/7/10
(Insert name of member) Date

[Signature] 12-7-10
(Insert name of member) Date

[Signature] 12/7/10
(Insert name of member) Date

[Signature] 12-7-10
(Insert name of member) Date

[Signature] 12/7/10
(Insert name of member) Date

[Signature] 12/7/10
(Insert name of member) Date

[Signature] 12/7/10
(Insert name of member) Date

[Signature] 12/7/10
(Insert name of member) Date

[Signature] 12/7/10
(Insert name of member) Date

[Signature] 12/7/10
(Insert name of member) Date

[Signature]
(Insert name of member) Date

[Signature]
(Insert name of member) Date

[Signature]
(Insert name of member) Date

[Signature]
(Insert name of member) Date