

CERTIFICATE OF BOARD

Albany Independent School District  
Name of School District

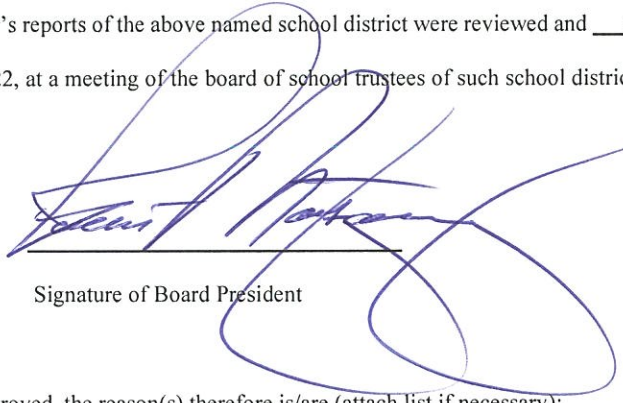
Shackelford  
County

209-901  
Co.-Dist. Number

We, the undersigned, certify that the attached auditor's reports of the above named school district were reviewed and \_\_\_approved  
- \_\_\_disapproved for the year ended August 31, 2022, at a meeting of the board of school trustees of such school district on the  
17th day of October, 2022.

Kalvin K. Leech

Signature of Board Secretary



Signature of Board President

If the auditor's reports were checked above as disapproved, the reason(s) therefore is/are (attach list if necessary):