



DS&O Electric Cooperative, Inc.

HEADQUARTERS

Solomon, KS 67480
201 Dakota Drive • P.O. Box 286
Telephone (785) 655-2011

A Touchstone Energy® Cooperative



AFFIRMATION OF DIRECTOR QUALIFICATION

Certain specific qualifications to be eligible to become and remain a Director are set forth in the Cooperative bylaws. In addition, statutory and common law imposes certain duties upon Directors. The following questions are designed to ensure that you are eligible to be a candidate for Director and to remain a Director if elected or appointed. False or misleading statements made on this form are grounds for removing your name from the election process or, if discovered after election or appointment, removing you from office.

1) Full Name: _____

2) Address of Primary Residence: _____

3) Are you a member of the Cooperative? Yes _____ No _____

4) Do you receive electric service from the cooperative at the above address? Yes _____ No _____

5) A director is responsible for and must actively participate in the management of the business affairs of the Cooperative. The Board of Directors of the Cooperative is quite active. It is anticipated that, on an annual basis, you will attend approximately 15 to 25 days at meetings of the Board of Directors, the Members, committees and other bodies. The Board meets regularly on the third Monday of every month at 7:00 p.m. and normally concludes by 10:00 p.m. Are you able to commit that amount of time to be actively involved in the affairs of the Cooperative?

Yes _____ No _____

6) I have read Article 4.03 of the cooperative's bylaws and affirm that I meet the four requirements outlined in said article.

Yes _____ No _____

AFFIRMATION AND RELEASE

I have read the Cooperative’s bylaws, Section 4.03 Qualification to be Nominated, Elected and Remain a Director. The statements made by me to the foregoing questions herein are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentation of facts in this document may result in the removal of my name from the election process, or if discovered after election or appointment, may result in my removal from office. I authorize the company and /or its agents to verify this information.

Signature

Date

