

Certification

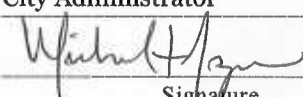
I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 1/1/2017 thru 12/31/2020.

Employer: City of Summit

County: Union

Date: 4/19/2018

Name: Michael F. Rogers
Print Name

Title: City Administrator

Signature