

## 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 1/1/2016 thru 12/31/2020.

Employer: County of Hudson

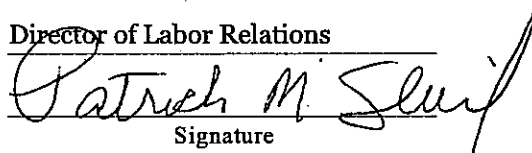
County: Hudson

Date: 9/1/2017

Name: Patrick M. Sheil

Print Name

Title: Director of Labor Relations

  
Signature