

MINNESOTA SECRETARY OF STATE

(One copy of this form is to be completed for each appointment) 2016

IT IS THE INTENT OF THE APPOINTING AUTHORITY TO APPOINT:

Kristie Ellickson

Name of appointed member

Environmental Analysis and Outcomes Division, Minnesota Pollution Control Agency, 520 Lafayette Road North, St Paul, MN 55155

> Preferred Mailing Address* (* This information will appear on the Office of the Secretary of State web site: <u>www.sos.state.mn.us</u>)

AS A MEMBER OF THE: <u>MDH Environmental Health Tracking and Biomonitoring Advisory Panel</u> Name of board, council, commission, or task force

FOR A TERM BEGINNING: ______ June 15, 2016 ______ AND ENDING 12/31/2016

TO SERVE AS: <u>an appointee of the Commissioner of Pollution Control Agency</u> Type of member: i.e., resident of specific district/county, public or professional member, etc. as required by law

REPLACING: Gregory Pratt

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Name of previous member or indicate "New Position" or "Reappointment"

I affirm that the foregoing is a full and true statement pursuant to Minnesota Statutes 15.0957, subdivision 6.

Date: <u>5/31/16</u> Signature Appointing Authority: 🤝

Minnesota Statutes 15.0597, subdivision 6, requires that the appointing authority for a multi-member agency, as defined in Minnesota Statutes 15.0597, subdivision 1, submit written notification of the name of the person the appointing authority intends to appoint at least <u>five</u> days before the effective date of the appointment to the Secretary of State.

If the appointing authority intends to appoint a person other than one for whom the Secretary of State has forwarded an application, the appointing authority shall complete an application on behalf of the appointee and submit it to the Secretary of State with the completed Notice of Intent to Appoint form.

Mail or fax this completed form to:	Secretary of State, Open Appointments 180 State Office Building
	100 Rev. Dr. Martin Luther King Jr. Blvd.
	St. Paul, MN 55155-1299
	Fax: 651-296-9073

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