

MINNESOTA SECRETARY OF STATE NOTICE OF INTENT TO APPOINT

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

IT IS THE INTENT OF THE APPOINTING AUTHORITY TO APPOINT:

Scott Halvorson			
	Name of app	ointed member	
444 Lafayette Ro	ad, St. Paul MN 55	155	
	r PO Box is public information on O		State web site: www.sos.state.mn.us . ternative to their private residence.)
AS A MEMBER OF THE	: Community Supe	rvision Advis	ory Committee
FOR A TERM BEGINNII	NG:Feb. 28, 2024	AND ENDING:	Oct. 1, 2027
TO SERVE AS: Behav	vioral Health, Treatment	, or Programmin	g Provider
	specific district/county, public or pr		
REPLACING/REAPPOIN	_{NTMENT:} New		
I affirm that the foregoing	g is a full and true statement	pursuant to Minnes	ota Statutes 15.0957, subdivision 6.
	odi Harpstead Digitally signed Harpstead Date: 2024.02 -06'00'	.21 14:50:50	e:
(e.g. Commissioner of Agency)	Signature		
15.0505			

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.

Email completed form to: official.documents@state.mn.us

Or mail completed form to: Official Documents Department

180 State Office Building

100 Rev. Dr. Martin Luther King Jr. Blvd.

St. Paul, MN 55155-1299

Phone: 651-556-0643

Document Number: 240473 Filed February 22, 2024 Office of the Minnesota Secretary of State, Steve Simon