

STATE OF MINNESOTA



MARK DAYTON
GOVERNOR

NOTICE OF APPOINTMENT

Kristin Oien

290 Long Lake Court
Shoreview, MN 55126
County of Ramsey
Congressional District 4

Because of the special trust and confidence I have in your integrity, judgment and ability, I have appointed and commissioned you to have and to hold the office of:


DEPARTMENT OF EDUCATION REPRESENTATIVE
STATE REHABILITATION COUNCIL FOR THE BLIND

Effective: June 30, 2011
Term Expires: January 6, 2014

This appointment carries with it all rights, powers, duties and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Minnesota to be affixed at the Capitol in the City of Saint Paul, June 29, 2011.





Governor



Secretary of State



1200197



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:

Kristin Oien

Name of appointed member

1500 Hwy 36 West Roseville MN 55113

Preferred Mailing Address*

(* This information will appear on the Office of the Secretary of State web site: www.sos.state.mn.us)

AS A MEMBER OF THE: State Rehabilitation Council - Blind

Name of board, council, commission, or task force

FOR A TERM BEGINNING: 6/30/11 AND ENDING _____

TO SERVE AS: State Educational Agency
Type of member: i.e., resident of specific district/county/public or professional member, etc. as required by law

REPLACING: Joan Breslin-Larson
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.

Appointing Authority: _____ Date: _____
Signature

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 **five** 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

Or deliver in person to: Room 180 of the State Office Building. Phone: 651-297-5845

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