

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:

Patrick Henry

Name of appointed member

Waite Park, MN

FILED
MAR 2013

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:		Minnesot	a Humanities Center		
		Name of board, council, commission, or task force			
FOR A TERM BEGI	NNING:	2/13/2013	AND ENDING	2/13/2017	
TO SERVE AS:	Board Elected, Member of Board of Directors				
	member, etc. as required by law				
REPLACING:	William Freiert				
	Name of previous member or indicate "New Position" or "Reappointment"				
I affirm that the foreg	going is a f	ull and true statement purs	uant to Minnesota Statut	es 15.0957, subdivision 6.	
Appointing Authority		Signature	Date: <u>[3</u>	Mea (3	

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

Or deliver in person to:

Room 180 of the State Office Building.

Phone: 651-297-5845



MINNESOTA SECRETARY OF STATE NOTICE OF VACANCY

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

Minnesota Humanities Center

Name of Board, Council, Commission or Task Force

William Freiert

Name of previous member or indicate "New Position"

QUAIFICATIONS AND INFORMATION ABOUT POSITION:

(List all statutory qualifications partic professional member, etc.)	cular appointee must fulfill, e	g.: resident of specific dis	trict or county, public or
TYPE OF VACANCY: (check one)		DATE OF VACANCY:	9/30/12
	(Term-ending date or date o	f resignation)	
Unscheduled vacancy			
Newly created position			
Reactivated agency			
Minnesota Statutes 15.0597, subdivi Statutes 15.0597, subdivision 1, mus scheduled vacancy, or within 15 day	st notify the Secretary of Sta	le at least 45 days before	the occurrence of a
The chair of any agency who does not notify the Secretary of State agency service until December 1 of	e of a vacancy, shall not be		
I affirm that the foregoing is a full	and true statement pursua	nt to Minnesota Statute:	s 15.0597, subdivision 4.
Signature of Chair or designee	Jamil Aul	Date L	3 March 13
Mall or fax this completed form to:	Secretary of State, Open App Office Bidg., 100 Constitution 55155-1299 Fax: (651)296-90	Ave. St. Paul, MN	
or deliver in person to Room 174 of the State	Office Bldg. Phone: (651)297-5845		
FOR OFFICE USE ONLY: Publication D		07930822 Rev. 3/99	