

## 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:



## Joellen Feirtag

Name of appointed member

	1354 Eckles, St. Pa	ul, MN 55108	
Ad	dress (explain if different than sta	ated on member's application)	
AS A MEMBER OF THE:N	Innesota Food Safety and I	Defense Task Force	
	Name of board, council, co	ommission, or task force	
FOR A TERM BEGINNING: _	May, 2005	AND ENDING _	May, 2007
TO SERVE AS:	a representative of the Un	niversity of Minnesota	gereyan galantin and a second as a
Type of memb	per: i.e., resident of specific distri	et/county, public or professional r	nember, etc. as required by law
REPLACING:	(new position)		
Name o	of previous member or indicate "I	New Position" or "Reappointment	•
I affirm that the foregoing is a fi	ull and true statement pur	suant to Minnesota Statute	es 15.0957, subdivision 6.
Appointing Authority:	Simering	Date:	5-05

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