



**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:

Chaitanya Anand, M.D.

Name of appointed member

Eagan, MN 55122

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: Drug Utilization Review

Name of board, council, commission, or task force

FOR A TERM BEGINNING: 8-1-2014 **AND ENDING** 8-1-2017

TO SERVE AS: Physician Member

Type of member: i.e., resident of specific district/county, public or professional member, etc. as required by law

REPLACING: _____ position has been vacant for a long time _____
Name of previous member or indicate "New Position" or "Reappointment"

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

Appointing Authority: Jacob J. Josen Date: 7/13/2014
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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