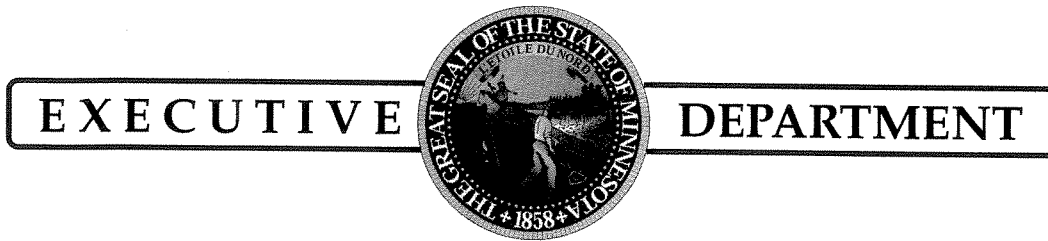


STATE of MINNESOTA



TIM PAWLENTY
GOVERNOR

NOTICE OF APPOINTMENT

JOSEPH JOHNSON, III

3650 East Fourth Street
Duluth, Minnesota 55804
County of Saint Louis
Congressional District Eight

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 said office of:

PUBLIC MEMBER

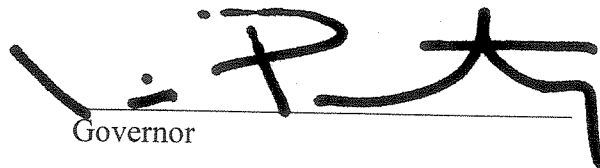
HOUSING FINANCE AGENCY

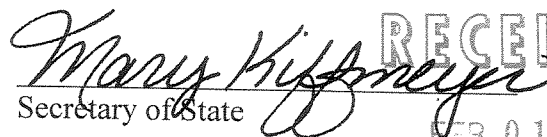
Effective: February 7, 2005
Term Expires: January 5, 2009

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it all rights, powers, duties, and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.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, February 1, 2005.




Governor


Secretary of State

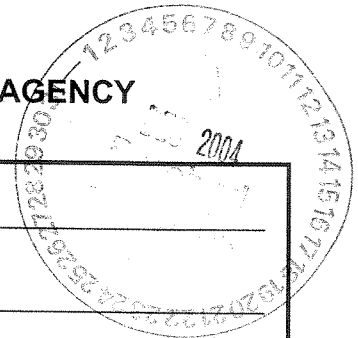
RECEIVED

FEB 01 2005

Replacing: Peter Bernier

**STATE OF MINNESOTA
OPEN APPOINTMENTS APPLICATION FOR SERVICE ON STATE AGENCY**

All information on this form is available to the public upon request.



Agency Name: * Minnesota Housing Finance Agency
 (Name of board, council, commission or task force to which you are applying.)

Position Sought: Board of Director Position
 (Membership position sought or enter "member" if no specific requirements exist for position sought.)

Applicant Name: * Joseph Johnson III
 (First Name) (Last Name)

Applicant Address: * 3650 E 4th Street Duluth MN 55804
 (Street) (City) (State) (Zip)

Day Phone: * (218) 733 - 5541 Evening Phone: (218) 724 - 0671

E-MAIL: * jjohnson@banknorthshore.com

County: St. Louis MN House of Rep District: 7A U.S. House of Rep District: 8

* Indicates information that will appear on the Office of the Secretary of State web site: www.sos.state.mn.us

Did the Appointing Authority suggest you submit your application? YES NO

Any other information the Nominating Person feels would be helpful to the Appointing Authority:
SEE ATTACHED SHEET

(Statement may continue on reverse or attached sheets)

RECEIVED
FEB 01 2005

President of the Senate

I swear that, to the best of my knowledge, the above information is correct and that I satisfy all legally prescribed qualifications for the position sought.

Joseph Johnson III 12/2/04
 (Signature of Applicant)* (Date)

* If another person or group is nominating the applicant, the applicant's signature indicates consent to nomination.

OPTIONAL STATISTICAL INFORMATION

The following information is optional and voluntary. Information is collected for, and compiled in, the annual report on the open appointments process pursuant to *Minnesota Statutes* §15.0597.

Sex: Female Male

Disability: Yes No

National Origin: _____
 (Country of Origin or Principle Tribe)

Political Party: Democratic-Farmer-Labor
 Green
 Independence
 Republican
 Other _____
 No party preference

Race*: African American / Black
 American Indian / Alaska Native
 Asian
 Hispanic
 Native Hawaiian / Pacific Islander
 White
 Other Race _____

(* Select as many as apply)

MAIL, FAX, OR SUBMIT APPLICATION IN PERSON, TO: Office of the 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
Phone: (651) 297-5845
Email: open.appointments@state.mn.us

Applicants will not receive an acknowledgement of submitted applications; the appointing authority will notify you if an interview is desired. *By request, this application will be made available in alternative format (for example, braille, large print, audio tape, or computer disk.)*

FOR OFFICE USE: Sub by AA: _____ AA: Governor Trans Date: 12-15-04

OA App revision 3/03