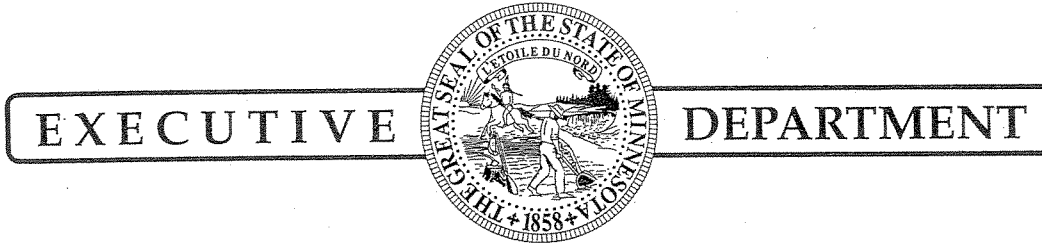


STATE of MINNESOTA



TIM PAWLENTY
GOVERNOR

NOTICE OF APPOINTMENT

JAMES COX

11790 Highway 284
Cologne, Minnesota 55322
County of Carver
Congressional District Two

RECEIVED

NOV 25 2008

President of the Senate

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

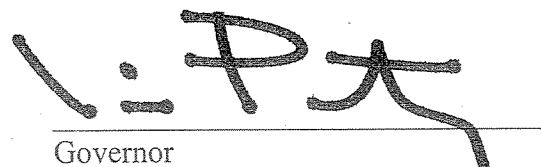
LESSARD OUTDOOR HERITAGE COUNCIL

Effective: December 1, 2008
Term Expires: January 3, 2011

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it all rights, powers, duties, and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.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, November 25, 2008.




Governor



Secretary of State

Replacing: New Appointment

Attn: Mr Bob Schroeder

STATE OF MINNESOTA
OPEN APPOINTMENTS APPLICATION FOR SERVICE ON STATE AGENCY
All information on this form is available to the public upon request.

11-20-08

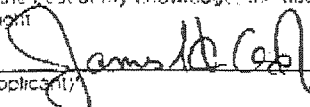
Agency Name:	Lessard Outdoor Heritage Council			
	<small>(Name of board, council, commission or task force to which you are applying.)</small>			
Position Sought:	Council Member			
	<small>(Membership position sought or enter "member" if no specific requirements exist for position sought.)</small>			
Applicant Name:	James (Jim)	Cox		
	<small>(First Name)</small>	<small>(Last Name)</small>		
Preferred Mailing Address:	11790 Hwy 284	Cologne	Minn	55322
	<small>(Street)</small>	<small>(City)</small>	<small>(State)</small>	<small>(Zip)</small>
Work Phone:	(763) 478-6757	Home Phone: (952) 466-2573		
E-MAIL:	jimcox@nwthermo.com			
County:	Carver	MN House of Rep District:	34A	U.S. House of Rep District:
			2nd	
	<small>* Indicates information that will appear on the Office of the Secretary of State web site: www.sos.state.mn.us</small>			
Have you ever been convicted of a felony:	Yes	No <input checked="" type="checkbox"/>		
Did the Appointing Authority suggest you submit your application?	YES	NO <input checked="" type="checkbox"/>		
<p><i>Please attach a current resume or a biographical statement containing work history, education, community activities, etc., and any other information the Applicant or Nominating Person feels would be helpful to the Appointing Authority.</i></p>				

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: <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Political Party: <input type="checkbox"/> Democratic-Farmer-Labor <input type="checkbox"/> Independence <input type="checkbox"/> Republican <input type="checkbox"/> Other <input type="checkbox"/> No party preference	Race: <input type="checkbox"/> African American / Black <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian / Pacific Islander <input checked="" type="checkbox"/> White <input type="checkbox"/> Other Race _____
Disability: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	National Origin: USA	<small>(* Select as many as apply)</small>
	<small>(Country of Origin or Principle Tribe)</small>	

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.

 _____ (Signature of Applicant)

11-19-08 _____ (Date)

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

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) 297-5645 Email: open.appointments@state.mn.us
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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: _____ Trans Date: _____

DA App 10/2007 323

08-2011

RECEIVED

Midwest Thermo Equipment Inc. 28 Yrs
 Mpls Southwest High School
 University of Montana
 University of Minnesota
 President Minnesota Waterfowl Assoc. 2004-2007
 Minnesota Valley National Wildlife Refuge Trust 7 Yrs

11/25/08
 President of the Senate