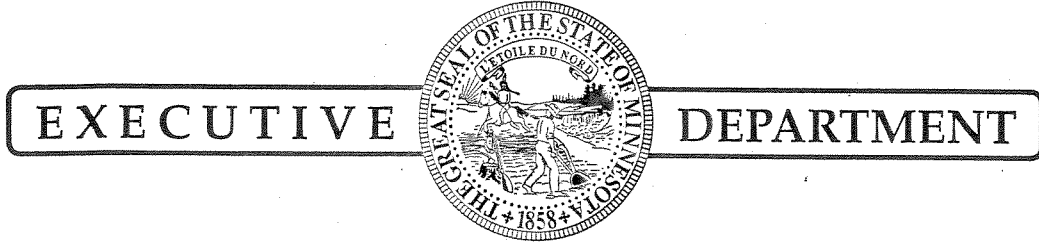


STATE of MINNESOTA



TIM PAWLENTY
GOVERNOR

NOTICE OF APPOINTMENT

KATHY LOHMER

RECEIVED

JUN 11 2008

8199 Hill Trail North
Lake Elmo, Minnesota 55042
County of Washington
Congressional District Six

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

Minnesota Pollution Control Agency Citizen's Board

Effective: June 16, 2008
Term Expires: January 2, 2012

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it all rights, powers, duties, and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.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, June 11, 2008



A handwritten signature in black ink, appearing to read 'Tim Pawlenty', written over a horizontal line.

Governor

A handwritten signature in black ink, appearing to read 'Mark Ritchie', written over a horizontal line.

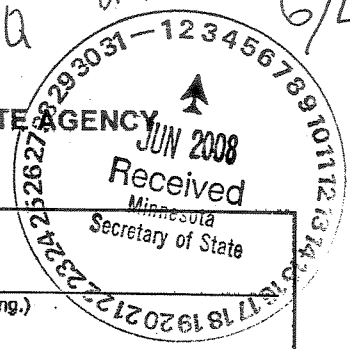
Secretary of State

Replacing: Michelle Beeman

Aek
10 BRD
6/4

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: * MN Pollution Control Agency Citizens Board
 (Name of board, council, commission or task force to which you are applying.)

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

Applicant Name: * Kathy Lohmer
 (First Name) (Last Name)

Applicant Address: * 8199 Hill TR N. Lake Elmo MN 55042
 (Street) (City) (State) (Zip)

Work Phone: * (651) 295-3046 (cell) Home Phone: (651) 777-7565

E-MAIL: * KmLohmer@comcast.net

County: Washington MN House of Rep District: 54A U.S. House of Rep District: 6

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

Have you ever been convicted of a felony: Yes No

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

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.

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

Disability: Yes No Race*: African American / Black American Indian / Alaska Native Asian Hispanic Native Hawaiian / Pacific Islander White Other Race _____

National Origin: USA
 (Country of Origin or Principle Tribe) (* Select as many as apply)

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.

Kathleen Marsh 6/2/08
 (Signature of Applicant) (Date)

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

RECEIVED

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 55135-1299

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 06/04/08

michelle Beeman