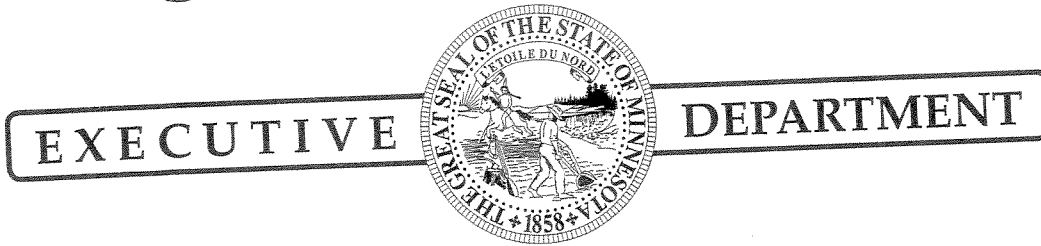


STATE of MINNESOTA



TIM PAWLENTY
GOVERNOR

NOTICE OF APPOINTMENT

JOHN WHITTEN

707 Nissen Street
Alexandria, Minnesota 56308
County of Douglas
Congressional District Seven

RECEIVED

APR 14 2009

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:

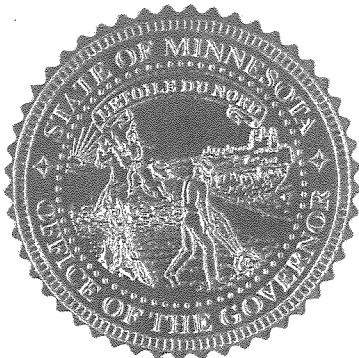
Veterinarian Member

BOARD OF ANIMAL HEALTH

Effective: April 15, 2009
Term Expires: January 7, 2013

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it all rights, powers, duties, and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.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, April 10, 2009.



Governor

Secretary of State

Replacing: Reappointment

12/2

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: * BOARD OF ANIMAL HEALTH
 (Enter name of board, council, commission or task force to which you are applying.)

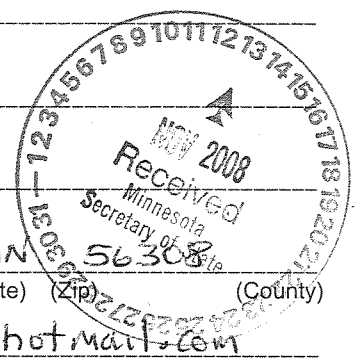
Position Sought: BOARD MEMBER Reappoint
 (Enter type of membership position or state "member" if no specific requirements)

Applicant Name: * JOHN WHITTEN
 (First Name) (Last Name)

Applicant Address: * 707 NISSEN ST ALEXANDRIA MN 56308
 (Street) (City) (State) (Zip) (County)

Daytime Phone: * 320-762-8113 E-MAIL: * jpw1952@hotmail.com

Evening Phone: 320-759-0752 State Legislative District: _____ U.S. Congressional District: _____



* Selected information will appear on the Secretary of State's web site: www.sos.state.mn.us

Douglas Co.

STATISTICAL INFORMATION

The following information is optional and is sought for the purpose of compiling the annual report on the open appointments process pursuant to Minnesota Statutes 15.0597, subdivision 7.

Gender: Female Male
 Political Party: Green Democrat-Farmer-Labor Independence Republican None or Other
 Race/National Origin: African American American Indian Asian/Pacific Caucasian Hispanic Other _____

Disabled: Yes No

STATEMENT OF QUALIFICATION/INTEREST

Minnesota Statutes 15.0597 requires that the application include "a statement that the nominee satisfies any legally prescribed requirements and any other information the nominating person feels would be helpful to the appointing authority."

I am a federally accredited, practicing veterinarian and currently a standing board member of the Board of Animal Health with the support of the Executive Director of the same Board.

(may continue on the back or on attached sheets)

Did the appointing authority ask you to submit this application? YES _____ NO X

I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the position sought.

J Whitten DVM (Signature of Applicant) 11-10-2008 (Date)

RECEIVED

If applicant is being nominated by another person or group, signature indicates consent to nomination. You will not receive an acknowledgement of this application but the appointing authority will notify you if an interview is desired." APR 14 2009

MAIL THIS COMPLETED APPLICATION TO: Secretary of State, Open Appointments
180 State Office Building, 100 Constitution Ave.
St. Paul, MN 55155-1299

President of the Senate

SUBMIT IN PERSON TO: Room 180, State Office Building. OR BY FAX: (651) 296-9073 Phone: (651) 297-5845

On request, this application will be made available in alternative format (for example, braille, large print, audio tape, or computer disk.)