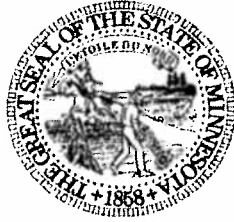


STATE OF MINNESOTA



MARK DAYTON
GOVERNOR

RECEIVED

JUN 17 2011

President of the Senate

NOTICE OF APPOINTMENT

John Gunyou

3624 Sussex Place
Minnetonka, MN 55345
County of Hennepin
Congressional District 3

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 office of:

CONGRESSIONAL DISTRICT 3 MEMBER



STATE ARTS BOARD

Effective: June 20, 2011
Term Expires: January 5, 2015

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it all rights, powers, duties and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.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 16, 2011.




Governor

Secretary of State

Replacing: Edward Oliver

**STATE OF MINNESOTA
OPEN APPOINTMENTS APPLICATION FOR SERVICE ON STATE AGENCIES, BOARDS, COUNCILS, COMMISSIONS or TASK FORCES**

*All information on this form is available to the public upon request.
By request, this application will be made available in alternative format (for example, braille, large print, audio tape, or computer disk.)*

*Part I : Tell us about the Position to which you are applying
Part II : Tell us about Yourself*

Agency Name: * State Arts Board (Please write the Name of board, council, commission or task force to which you are applying.)

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

Applicant Name: * John Gunyou (First Name) John Gunyou (Last Name)

E-MAIL: * john@gunyou.com

County: Hennepin

MN House of Rep District: 43B U.S. House of Rep District: Third

Please attach a current resume and a cover letter that would demonstrate your interest and qualifications to the Appointing Authority.

Part III: 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 *MN Stat* §15.0597

Sex: <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Age: <u>62</u>	Disability: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Political Party: <input type="checkbox"/> Democratic-Farmer-Labor <input type="checkbox"/> Independence <input type="checkbox"/> Republican <input type="checkbox"/> No Party Preference <input type="checkbox"/> Other	Hispanic, Latino, or Spanish origin? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race: <i>(As listed on United State Census 2010) (Pick as many as apply)</i>	<input checked="" type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Black, African Am., or Negro <input type="checkbox"/> Chinese	<input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other Race	

Part IV: Signature and Submittal Instructions

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) (* If another person or group is nominating the applicant, the applicant's signature indicates consent to nomination.) _____ June 17, 2011 (Date)

RECEIVED
JUN 17 2011
President of the Senate

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 55455-1299

FAX: (651) 296-9073
Phone: (651) 556-0643
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.

FOR OFFICE USE:
Sub by AA: _____
AA: _____
Trans Date: _____