

STATE OF MINNESOTA



MARK DAYTON
GOVERNOR

NOTICE OF APPOINTMENT

Scott Rall

1027 Lexington Ave.
Worthington, MN 56187
County of Nobles
Congressional District 1

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:

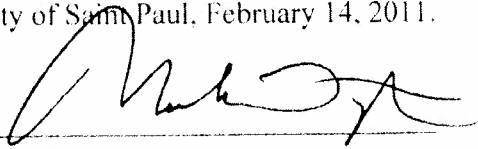
Public Member
Lessard-Sams Outdoor Heritage Council

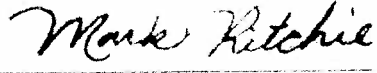
Effective: February 14, 2011
Term Expires: January 5, 2015

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it all rights, powers, duties, and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.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, February 14, 2011.




Governor


Secretary of State

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President of the Senate

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 me about the Position to which you are applying

Agency Name: Lessano Sams Dardor Hevess Council Position Sought: MEMBER
 (Please write the Name of board, council, commission or task force to which you are applying.) (Membership position sought or enter "member" if no specific requirements exist for position sought.)

Part II: Tell me about Youself

Applicant Name: SCOTT RALL (Last Name) Preferred Mailing Address: 515 South Shore Drive
PO Box 635 (City) Washington MN 56197 (State) (Zip)

Part III: Tell me about your current resume and a cover letter that would demonstrate your interest and qualifications to the Appointing Authority.

E-MAIL: RALL@KNOLOGY.NET Work Phone: (507) 372-2971
 County: NOBLE Home Phone: (507) 360-6027
 MN House of Rep District: 22B U.S. House of Rep District: MN 1st
 Have you ever been convicted of a felony: Yes No X
 Did the Appointing Authority suggest you submit your application? Yes No X

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 Minn Stat §15.0257

Sex: <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	Age: <u>50</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 checked="" type="checkbox"/> No Party Preference <input type="checkbox"/> Other	Hispanic, Latino, or Spanish origin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Race: <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	Guamanian or Chamorro <input type="checkbox"/> Filipino <input type="checkbox"/> Korean <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian	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 Submitted 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) [Signature] (Date) 02-10-11

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., Bldg
 St. Paul, MN 55155-1299

FAX: (651) 296-9073
 Phone: (651) 556-0643
 Email: open.appointments@state.mn.us

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