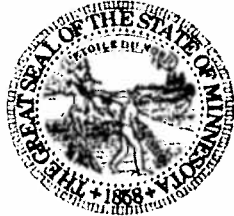


STATE OF MINNESOTA



RECEIVED

JUN 30 2011

MARK DAYTON
GOVERNOR

President of the Senate

NOTICE OF APPOINTMENT

Todd Renville

4040 Colfax Avenue South
Minneapolis, MN 55409
County of Hennepin
Congressional District 5

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:

HUNTING ORGANIZATION REPRESENTATIVE

CLEAN WATER COUNCIL

Effective: June 30, 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it all rights, powers, duties and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.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 29, 2011.



Mark Dayton

Governor
[Signature]

Secretary of State

Reappointment

Part II: Tell us about Yourself

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

Applicant Name: * Todd Renville (Last Name)
 Preferred Mailing Address: * 4040 Colfax Ave S. (Street) Minneapolis MN 55409 (City) (State) (Zip)
 Work Phone: * (612) 373 - 6867
 Home Phone: (612) 825 - 7827
 Have you ever been convicted of a felony? Yes No
 Did the Appointing Authority suggest you submit your application? Yes No

County: Hennepin
 MN House of Rep District: 60B U.S. House of Rep District: 5th
 E-MAIL: * todd.renville@urscorp.com
 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 checked="" type="checkbox"/> Female <input type="checkbox"/> Male	Age: <u>48</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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race: (As listed on United State Census 2010) (Pick as many as apply)	<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

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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) [Signature] (Date) 6/30/11
 (* 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) 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: _____
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