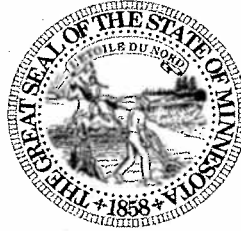


STATE OF MINNESOTA



MARK DAYTON
GOVERNOR

NOTICE OF APPOINTMENT

John Whitten

707 Nissen Street
Alexandria, MN 56308
County of Douglas
Congressional District 7

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:

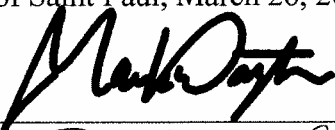
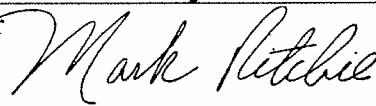
LICENSED VETERINARIAN
BOARD OF ANIMAL HEALTH

Effective: March 31, 2013
Term Expires: January 2, 2017

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it all rights, powers, duties, and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.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, March 26, 2013.




Governor

Secretary of State

RECEIVED

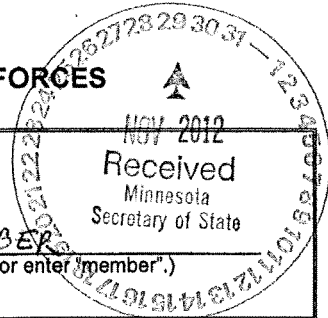
MAR 26 2013

Reappointment

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.



Part I - Tell us about the Position to which you are applying
Required Information (MN Stat § 15.0597 Subd. 5.)

Agency Name: MN BOARD OF ANIMAL HEALTH Position Sought: BOARD MEMBER
(Name of board, council, commission or task force.) (Membership position sought or enter "member".)

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

Part II - Tell us about Yourself
Required Information (MN Stat § 15.0597 Subd. 5.)

Applicant Name: JOHN WHITTEN Preferred Phone: (320) 759-0752
(First Name) (Last Name)

E-MAIL: jpw1952@hotmail.com

Preferred Mailing Address: 707 NISSEN ST County: DOUGLAS
(Preferred Mailing Address)

ALEXANDRIA MN 56308 MN House of Rep Dist: 8B US House of Rep Dist: 7
(City) (State) (Zip) Find your districts by using the Poll Finder at: http://pollfinder.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 cover letter, current resume, or other information that you feel would be helpful to the Appointing Authority.

Part III: OPTIONAL STATISTICAL INFORMATION

The following information is optional and voluntary (MN Stat § 15.0597 Subd. 5.)
Information is collected for, and compiled in, the annual report on the open appointments process pursuant to MN Stat § 15.0597 Subd. 7.

Sex: Female Male Age: 60 Disability: Yes No

Political Party: Democratic-Farmer-Labor
 Independence
 Republican
 No Party Preference
 Other _____

Hispanic, Latino, or Spanish origin? Yes No

Race: African American or Black
 American Indian or Alaska Native
 Asian or Pacific Islander
 White or Caucasian
 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. (*If another person or group is nominating the applicant, the applicant's signature indicates consent to nomination.)

John P Whitten DM
(Signature of Applicant)

11-25-2012
(Date)

MAIL OR SUBMIT IN PERSON:
Office of Secretary of State
Open Appointments
180 State Office Building
100 Rev Dr Martin Luther King Jr Blvd
St. Paul, MN 55155-1299

Phone: (651) 297-5845
Email: open.appointments@state.mn.us
Online application: <http://www.sos.state.mn.us/index.aspx?page=5>

Applicants will not receive an acknowledgement of submitted applications; the appointing authority will notify you if an interview is desired.

FOR OFFICE USE:
Governor
12/05/2012
Rev. 09-2011
RECEIVED

MAR 26 2013

President of the Senate