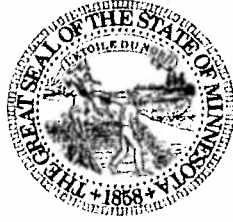


STATE OF MINNESOTA



MARK DAYTON
GOVERNOR

RECEIVED

JUN 30 2011

President of the Senate

NOTICE OF APPOINTMENT

Chester Wilander

45454 US 71
LaPorte, MN 56461
County of Hubbard
Congressional District 8

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:

MEMBER OF LABOR

POLLUTION CONTROL AGENCY CITIZEN BOARD

Effective: June 30, 2011

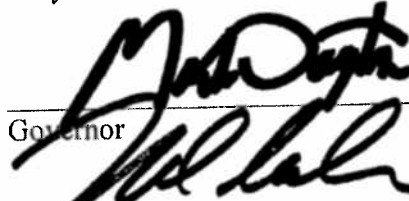
Term Expires: January 5, 2015

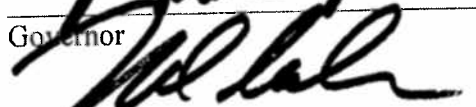
This appointment carries with it all rights, powers, duties and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.

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.



Reappointment



Governor


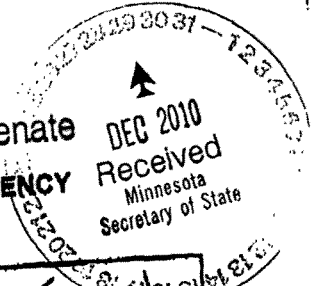
Secretary of State

RECEIVED

218 224 2724

P. 03

JUN 30 2011



STATE OF MINNESOTA President of the Senate
OPEN APPOINTMENTS APPLICATION FOR SERVICE ON STATE AGENCY
All information on this form is available to the public upon request.

MINNESOTA POLLUTION CONTROL AGENCY (MPCA)

Agency Name: MINNESOTA POLLUTION CONTROL AGENCY (MPCA)
(Name of board, council, commission or task force to which you are applying.)

Position Sought: BOARD MEMBER - LABOR (TEAMSTERS)
(Membership position sought or enter "member" if no specific requirements exist for position sought.)

Applicant Name: CHESTER A. WILANDER
(First Name) (Last Name)

Applicant Address: 45454 US 71, LAPORTE, MN. 56461
(Street) (City) (State) (Zip)

Work Phone: CELL 218, 760. 4545 Home Phone: 218, 224. 2724

E-MAIL: _____

County: HUBBARD MN House of Rep District: 4B U.S. House of Rep District: 8

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

Have you ever been convicted of a felony: Yes _____ No X

Did the Appointing Authority suggest you submit your application? YES X NO _____

Please attach a current resume or a biographical statement containing work history, education, community activities, etc., and any other information the Applicant or Nominating Person feels would be helpful to the Appointing Authority.

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 Minnesota Statutes §16.0567.

Sex: Female Male Political Party: Democratic-Farmer-Labor
 Green Independence Republican Other No party preference

Race*: African American / Black American Indian / Alaska Native Asian Hispanic Native Hawaiian / Pacific Islander White Other Race

National Origin: _____
(Country of Origin or Principle Tribe)

(* Select as many as apply)

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.

Chester A. Wilander
(Signature of Applicant)

December 20, 2010
(Date)

* 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
 160 State Office Building
 100 Rev. Dr. Martin Luther King, Jr., Blvd
 St. Paul, MN 55155-1299

FAX: (651) 296-9073
 Phone: (651) 297-6845
 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. By request, this application will be made available in alternative format (for example, braille, large print, etc.) _____

FOR OFFICE USE: Sub by AA: _____ A: _____ Trans Governor 12/29/2010