CERTIFIED COPY OF ORDER

| STATE OF MISSOURI | | October Session of the October Adjourned | | | | Term. 20 | 12 |
|-------------------------------|----------------------|--|------------------|--------|----------|----------|----|
| County of Boone | ea. | | | | | | |
| In the County Commission of | f said county, on th | e | 15 th | day of | November | 20 | 12 |
| the following, among other pr | roceedings, were ha | d, viz: | | | | | |

Now on this day the County Commission of the County of Boone does hereby appoint/reappoint the following:

| Name | Board | Period |
|------------------|-----------------------|--------------------------------|
| Elizabeth Hussey | Boone County Board of | Oct 31, 2012 thru Nov 30, 2015 |
| | Health | |
| | | |
| | | |
| | | |
| | | |

Done this 15th day of November, 2012.

ATTEST:

Clerk of the County Commission

Daniel K. Atwill

Presiding Commissioner

District I Commissioner

Skip Elkin

District II Commissioner

Dan Atwill, Presiding Commissioner Karen M. Miller, District I Commissioner Skip Elkin, District II Commissioner



Boone County Government Center 801 E. Walnut, Room 333 Columbia, MO 65201

573-886-4305 • FAX 573-886-4311 E-mail: commission@boonecountymo.org

Boone County Commission

BOONE COUNTY BOARD OR COMMISSION APPLICATION FORM

| Board or Com | mission: Board of Health | | | Term: 10/31/2012 | | | |
|---------------------|---|--------------------------|------------------------------------|------------------|--|--|--|
| Current Town | ship: Columbia | _ Todays's Date: | 10/31/2012 | | | | |
| Name: eliz | abeth hussey | | <u>-</u> | | | | |
| Home Addres | s: 655 north route O | | Zip Code: | 65279 | | | |
| Business Add | ress: 1700 I-70 Drive SW | | Zip Code: | 65203 | | | |
| Home Phone: Fax: | 5734454466 573-445-0197 | Work Phone: E-mail: | 5734454466 eshussey@gmail.com | · | | | |
| Qualifications | : _practicing_veterinarian; busines | s owner; | | | | | |
| | | | | | | | |
| Past Commur | nity Service: currently serving on Vicious thave served as board memory Dressage and Combined Tr | ber of the Central Misso | uri Humane Society a nd | Columbia | | | |
| References: | Dr. John Williams | | _ | | | | |
| | Kat Cunningham | | | | | | |
| knowledge at | ections to the information in this ap this time I can serve a full term if a true and accurate. | | • | | | | |
| | Applicant Signature | | | | | | |
| Daturn Applia | ation To: Pagna County Commis | aion Office | | | | | |

Return Application To: Boone County Commission Office

Boone County Government Center

801 East Walnut, Room 333 Columbia, MO 65201

Fax: 573-886-4311