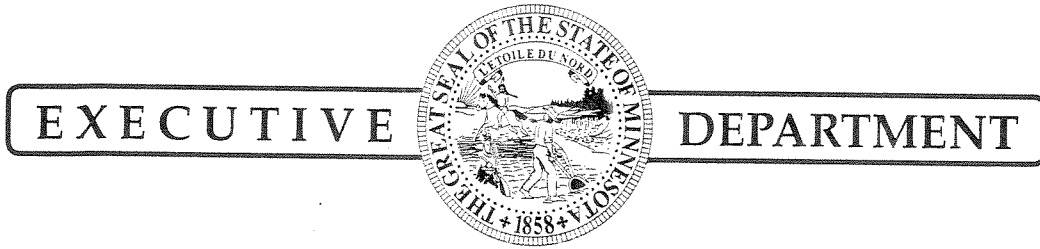


STATE of MINNESOTA



TIM PAWLENTY
GOVERNOR

NOTICE OF APPOINTMENT

JAMES RIEBER

220 Fifth Avenue Northeast
Perham, Minnesota 56573
County of Otter Tail
Congressional District Seven

RECEIVED

APR 25 2007

President of the Senate

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 said office of:



CHAIR AND MEMBER REPRESENTING HOSPITALS EMERGENCY MEDICAL SERVICES REGULATORY BOARD

Effective: May 1, 2007
Term Expires: January 3, 2011

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it all rights, powers, duties, and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.

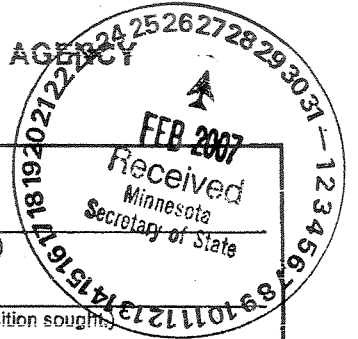
IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Minnesota to be affixed at the Capitol in the City of Saint Paul, April 25, 2007.




Governor

Secretary of State

Replacing: Michael Parrish

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



Agency Name: * EMERGENCY MEDICAL SERVICES REGULATORY BOARD
(Name of board, council, commission or task force to which you are applying.)

Position Sought: HOSPITAL REPRESENTATIVE/ADMINISTRATION
(Membership position sought or enter "member" if no specific requirements exist for position sought.)

Applicant Name: * JAMES RIEBER
(First Name) (Last Name)

Applicant Address: * 525 WEST MAIN STREET PERHAM MN 56573
(Street) (City) (State) (Zip)
218-346-9803 (Area Code) (Number)

Work Phone: * (218) 346-4440 Home Phone: (218) 346-6834

E-MAIL: * Jrieber@AMHA.com

County: OTTEWA MN House of Rep District: 10 U.S. House of Rep District: 10B

* 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

Did the Appointing Authority suggest you submit your application? YES 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* §15.0597.

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

Disability: Yes No

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.

[Signature] 2-28-07
(Signature of Applicant) (Date)

* If another person or group is nominating the applicant, the applicant's signature indicates consent to nomination.

RECEIVED

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) 297-5845
 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, audio tape, or computer disk.)

FOR OFFICE USE: Sub by AA: _____ AA: GOVERNOR Trans Date: 2/28/07

cc: Board

RECEIVED

APR 20 2007

220 5th Avenue NE
Perham, MN 56573

Off 218-346-4440
fax 218-346-9795
e-mail jrieber@pmhh.com,

James Rieber
President of the County

Objective Obtain position on the Minnesota Emergency Medical Services Regulatory Board

Experience 1996-present Perham Memorial Hospital Perham, MN
Director Emergency Medical Services / Information Systems and Technology

- Responsible for planning, budget, operations and financial management of advanced life support rural EMS Service with 700 call per year
- Implement advanced medical programs and skill for EMS service
- Changed financial operations of EMS system from subsidized service, to financially self sustaining system. This was created through partnerships with the city townships and other local entities working together to provide service.

1986-1996 City of Fargo Fire Department Fargo, ND
Firefighter-medical

- General firefighting duties.
- Developed EMS medical response protocols for fire department based first responders.

1986-1996 St Mary's EMS Detroit Lakes, MN

Staff Paramedic

- General emergency and scheduled ALS service responses duties.

1982-1986 F-M Ambulance Service Fargo, ND

Staff EMT-Paramedic

- General response duties for emergency and schedule EMS calls.

Education 1972-1979 Moorhead Public Schools Moorhead, MN
▪ General Studies.

2001-2004 MNSCU Detroit Lakes, MN

- Supervisory Leadership
- Cisco Network Management 1-3

Other Affiliations 2002-present Perham School System Perham, MN
School Board Representative (current vice chair)

2000-present Minnesota Ambulance Association St Cloud, MN

Vice President

2005 - Present West Central MN EMS Corp Alexandria, MN

Board Member - Legislative Chair

1996-present

Perham Rotary Club

Member

References available on request