#### STATE OF MINNESOTA



### NOTICE OF APPOINTMENT

# Jim Campbell

5521 Woodcrest Drive Edina, MN 55424 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:

#### **MEMBER**

#### **DESTINATION MEDICAL CENTER CORPORATION**

Effective: July 23, 2013 Term Expires: January 7, 2020

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it all rights, powers, duties, and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.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, July 23, 2013.

Governor

Secretary of State

RECEIVED

JUL 2 4 2013

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: Destination Medical Position Sought: Membership position sought or ente	
(Name of board, council, commission or task force.) (Membership position sought or ente	memper,)
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	
Part II — Fell US about Yoursell Required Information (MN Stat § 15.0597 Subd. 5.)	
Applicant James R. Campbell Preferred Phone: (612) 723.	0432
Name:	121-k not
Preferred Mailing 5521 Woodcrest Drive County:	
(Preferred Mailing Address)  FA 3 (C424 165) MN House of Rep Dist: 49 Aus House	e of Ben Dist: 5
Find your districts by using the Poll Finder at:	Ilfinder.sos.state.mn.us/
Have you ever been convicted of a felony:  Yes No No application?  Yes No	× John Your
Please attach a cover letter, current resume, or other information that you feel would be helpful to the Appointing Authority.	
(coming by separate mail)	
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.	
Female Yes Democratic-Farmer-Labor origin?	
Male No Independence Yes No Republican No	
No Party Preference Other	
V White as Course in	·
Race: African American or Black White or Caucasian  (Pick as many as American Indian or Alaska Native Other Race	
apply) Asian or Pacific Islander	
Part IV: Signature and Submittal Instructions	
I swear that, to the best of knowledge, the above information is correct and that I satisfy all legally prescri	bed qualifications
for the position sounds. It another person or group is nominating the applicant, the applicant's signature indicates con	sent to nomination.)
(eign fore of Applicant)	(Date)
2 Jaight Bare of Applicant)	
receive an Sub by A	FICE USE: A:
Office of Secretary of State Email: open.appointments@state.mn.us acknowledgement of submitted Trans 12	
Open Appointments  180 State Office Building  Online application:  http://www.sos.state.mn.us/index.aspx?page=5  will notify you if an Rev.09-2	
King Jr Blvd Interview is desired.  St. Paul, MN 55155-1299	
3 - H. J. CHI. (VIII. 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	