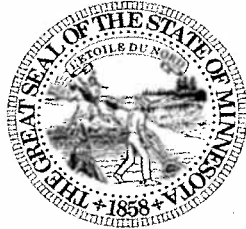


STATE OF MINNESOTA



**MARK DAYTON**  
**GOVERNOR**

NOTICE OF APPOINTMENT

**Susan Rani**

500 East Grant Street, Suite 1008  
Minneapolis, MN 55404  
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**

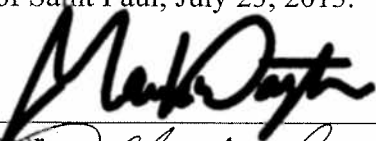
Effective: July 23, 2013

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it all rights, powers, duties, and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.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



  
\_\_\_\_\_  
Governor

  
\_\_\_\_\_  
Secretary of State

Secretary of State

**RECEIVED**

JUL 24 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 Center Corporation  
(Name of board, council, commission or task force.)

**Position Sought:** Member  
(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:** Susan Rani  
(First Name) (Last Name)

**Preferred Phone:** ( 612 ) 414 - 6314

**E-MAIL:** susan.rani@ranieng.com

**Preferred Mailing Address:** 500 E. Grant Street #1008  
(Preferred Mailing Address)

**County:** Hennepin

**MN House of Rep Dist:** 61A **US House of Rep Dist:** 5  
 Find your districts by using the Poll Finder at: <http://pollfinder.sos.state.mn.us/>

Minneapolis MN 55404  
(City) (State) (Zip)

**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:** 53

**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.)

Susan Rani  
(Signature of Applicant)

7/17/13  
(Date)

**RECEIVED**

**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](mailto: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:**  
 Sub by AA: \_\_\_\_\_  
 AA: \_\_\_\_\_  
 Trans Date: JUL 24 2013

Rev.09-2011  
**President of the Senate**