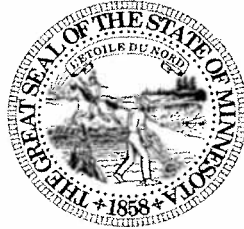


STATE OF MINNESOTA



MARK DAYTON
GOVERNOR

NOTICE OF APPOINTMENT

Tina Smith

130 State Capitol
75 Reverend Dr. Martin Luther King Jr. Boulevard
St. Paul, MN 55155
County of Ramsey
Congressional District 4

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it all rights, powers, duties, and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.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 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: Tina Smith
(First Name) (Last Name)

Preferred Phone: (651) 201 - 3400

E-MAIL: tina.smith@state.mn.us

Preferred Mailing Address: 130 State Capitol, 75 Rev. Dr. Martin Luther King Jr. Blvd.
(Preferred Mailing Address)

County: Ramsey

MN House of Rep Dist: 65B **US House of Rep Dist:** 4
Find your districts by using the Poll Finder at:
<http://pollfinder.sos.state.mn.us/>

St. Paul **MN** **551555**
(City) (State) (Zip)

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

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: _____

Disability: Yes _____ No _____

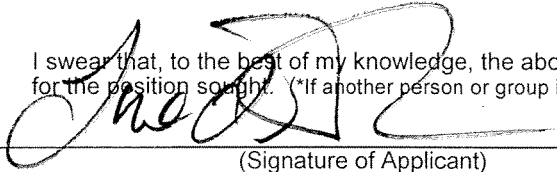
Political Party:
 Democratic-Farmer-Labor
 Independence
 Republican
 No Party Preference
 Other _____

Hispanic, Latino, or Spanish origin?
 Yes _____
 No _____

Race: (Pick as many as apply)
 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.)



(Signature of Applicant)

(Date)

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
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 A: **RECEIVED**
Trans Date: _____
Rev. 09-2011 4 2013

President of the Senate