



MINNESOTA SECRETARY OF STATE NOTICE OF INTENT TO APPOINT

(One copy of this form is to be completed for each appointment)

IT IS THE INTENT OF THE APPOINTING AUTHORITY TO APPOINT:

Patrick Rock

Name of appointed member

prock@IHB-MPLS.org

Preferred Mailing Address*

(* This information will appear on the Office of the Secretary of State web site: www.sos.state.mn.us)

AS A MEMBER OF THE: SIM Multi-Payer Alignment Task Force

Name of board, council, commission, or task force

FOR A TERM BEGINNING: 10/1/2013 AND ENDING 5/1/2015

TO SERVE AS: Community Health Center representative
Type of member: i.e., resident of specific district/county, public or professional member, etc. as required by law

REPLACING: New Position
Name of previous member or indicate "New Position" or "Reappointment"

I affirm that the foregoing is a full and true statement pursuant to Minnesota Statutes 15.0957, subdivision 6.

Appointing Authority: [Signature] Date: 9/26/13
Signature

Minnesota Statutes 15.0597, subdivision 6, requires that the appointing authority for a multi-member agency, as defined in Minnesota Statutes 15.0597, subdivision 1, submit written notification of the name of the person the appointing authority intends to appoint at least **five** days before the effective date of the appointment to the Secretary of State.

If the appointing authority intends to appoint a person other than one for whom the Secretary of State has forwarded an application, the appointing authority shall complete an application on behalf of the appointee and submit it to the Secretary of State with the completed Notice of Intent to Appoint form.

Mail or fax this completed form to: 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

Or deliver in person to: Room 180 of the State Office Building. Phone: 651-297-5845

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