



NOTIFICATION TO CLERK OF APPOINTMENT

To: Clerk of the Board's Office Date forwarded to Clerk: 12/2/14

From: (District or Committee) Soledad Community Health Care District

Board of Supervisors Meeting Date: 1/29/15

Name of Board, Commission, or Committee: Soledad Community Health Care District

Name of Appointed: Anne Trebino

Check one:

New Term X

Reappointment _____

Filling an unexpired term _____ (if checked, list who is being replaced and reason below)

Replacing which member: _____

Maddy Act Regulations:

If applicable, check below regarding the reason for the unexpired term:

Resignation of member _____

Death of member _____

Member did not complete term _____

Other _____

TERM EXPIRATION DATE: 11/4/2018

Clerks use: _____ Web updated _____ Maddy Book updated _____ Added to Legistream agenda _____ COI