

## **NOTIFICATION TO CLERK OF APPOINTMENT**

To: Clerk of the	Board's Office:	10-09-17

From: (BCC or District Office): Anita Flanagan, Clerk to the Board, CCAH

Board of Supervisors Meeting Date: December 5, 2017

Name of Board, Commission, or Committee: <u>Central California Alliance for Health</u> Representing – **Provider Representative** 

Name of Appointee: Roy Schindelheim \_\_\_\_ Mee Memorial Hospital Medical Clinics

Terms Check one:

New Term \_\_\_\_\_

Reappointment <u>xxx</u>

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

Replacing which member: \_ \_\_\_\_\_

TERM EXPIRATION DATE: 12/31/21

## 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 \_\_\_\_\_

TERM EXPIRATION DATE: \_\_\_\_\_