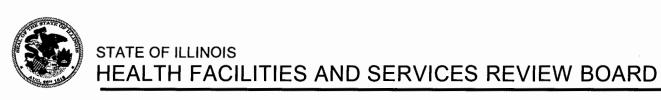


Project Numb	per: 17-001
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IDENTIF Name (<i>F</i>	ICATION Please Print)	Jeni Hallat	4	_
		الناState	zip 53147	
REPRESE	ENTATION (This sec	ction is to be filled if the witness is appo	earing on behalf of any group, organization or othe	r
Entity, C Health C	Care)		ance (i.e., ABC Concerned Citizens for	
	r	rerughealth		_
		O		
				_
				_
POSITIO	N (please circle	appropriate position)		
Supp	port	Oppose	Neutral	
Testimo	ny (<i>please circle</i> ,)		
Oral		Written		

Project N	Number: 17-001
I.	Name (Please Print) Charles Which Wheels
	city M. Fany State Ih zip 60050
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Health Care) Health Care He
	Milterry County Boar I Fest 4
	President The Health Fors. Mart Aguey Force
	Treusurer, Mc Henry County
III.	POSITION (please circle appropriate position)
	Support Oppose Neutral
IV.	Testimony (please circle)
	Oral Written



Facility Name: MercyHealth and Medical Center – Medical Office Building				
Project f	Number: 17-001			
l.	IDENTIFICATION Name (Please Print) City FOX RUPL GR	Sley M. ev_State Ze	Zip_	600 #1
II.	REPRESENTATION (This section is entity.) Entity, Organization, etc. rep Health Care)			
	Mercy H	1 D T J		
III.	POSITION (please circle appr	ropriate position)		
	Support	Oppose	Neutral	
IV.	Testimony (please circle) Oral	Written		



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD



Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project	Number: 17-001
I.	Name (Please Print) VERNON A. BAUMAN
	City Crystal Wellstatezip
II.	() REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other
	entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for
	Health Care) dent

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD



Public Hearing Testimony Registration Form

Project f	Number: 17-001			
I.	IDENTIFICATION Name (Please Print)	Nichael	Kelly	
	city Harvard	State	ILLINOIS	_Zip_ 60033
II.	REPRESENTATION (This section entity.) Entity, Organization, etc. replealth Care)	presented in this a	opearance (i.e., ABC Co	oncerned Citizens for
	City_	of Hari	<i>lard</i>	
10.	POSITION (please circle app	ropriate position)		
	Support	Oppose	Neutral	
IV.	Testimony (please circle)			
	Oral	Written)	



Support

Testimony (please circle)

IV.

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center - Medical Office Building

I. IDENTIFICATION
Name (Please Print) LINGS LINGS LINGS LINGS LINGS LINGS LINGS State Zip LODGLY

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Mercy Health

III. POSITION (please circle appropriate position)

Oppose

Written

Neutral



Project Number: 17-001

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

IDENTIFICATION Name (Please Print)	Haul THAR	JE.	
City ALVARD	State	1	Zip 600
REPRESENTATION (This section is tentity.)	to be filled if the witness is	appearing on behalf of a	ny group, organization
Entity, Organization, etc. repre Health Care)	esented in this appe	earance (i.e., ABC (Concerned Citize
MERCY			
POSITION (please circle appro	priate position)		
Support	Oppose	Neutra	I
Testimony (please circle)			

Written



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

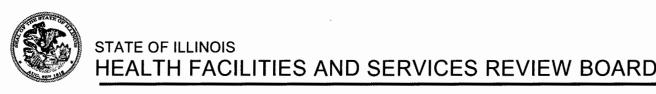
Project N	Number: 17-001
I.	IDENTIFICATION Name (Please Print) MABRIA LOBMAN City CRYSTAL LAKE State IL zip 6002
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Marcy Health Systems
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project N	Number: 17-001		
l.	IDENTIFICATION Name (Please Print)	nna Kort	·
	city Crystal Lak	e State IL	zip_60014
II.	REPRESENTATION (This section is to be entity.) Entity, Organization, etc. represe Health Care) MCHQU MOMb		
III.	POSITION (please circle approprie		
	Support	Oppose	Neutral
IV.	Testimony (please circle) Oral	Written	



Project N	Number: 17-001
l.	Name (Please Print) John Renert
	City CRY STAL LAKE State L zip 6004
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for
	Mc HENRY COUNTY BOARD DIST Z
	·
III.	POSITION / places sinds and prints a seition l
111.	POSITION (please circle appropriate position)
	Support Oppose Neutral
IV.	Testimony (please circle)
	Oral Written



Project Number: 17-001

Public Hearing Testimony Registration Form

1.	IDENTIFICATION Name (Please Print)	yanin S	lack	
	Name (Please Print) Bur	ke_State_I	Zip_	
II.	REPRESENTATION (This section is entity.) Entity, Organization, etc. repr	to be filled if the witness is a	appearing on behalf of any group, of any	
III.	POSITION (please circle appro	opriate position)		
	Support	Oppose	Neutral	
IV.	Testimony (please circle)			
	Oral	Writter		



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

Name (PI	ease Print) <u>Ca.</u>	sey.	Haefs		
City	Cary	State	11	Zip	60013
entity.)	NTATION (This section is t				
Entity, Or Health Ca	rganization, etc. represented	esented in this appear	arance (i.e., ABC Co	ncerned	Citizens for
POSITIO	N (please circle appro	priate position)			
Supp	ort	Oppose	Neutral		
Testimon	y (please circle)				
Oral		Written			



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name:	MercyHealth and Medical Center – Medical Office Building
Project Numbe	r: 17-001

l.	IDENTIFICATION Name (Please Print) KRISH	ANTHI	SENEVIR	SATUR
	city Crystal Lake	State	<u>T</u> L	Zip Goel4
II.	REPRESENTATION (This section is to be entity.) Entity, Organization, etc. represe Health Care)	e filled if the witness i	s appearing on behalf of an	ny group, organization or other
III.	POSITION (please circle appropri	ate position)		
	Support	Oppose	Neutra	
IV.	Testimony (please circle)			
	Oral	Written		

Project Number: 17-001

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Name (Please Print)	& VdJ			
city Janesville	State	WI	Zip	53548
REPRESENTATION (This section is entity.) Entity, Organization, etc. represented the companion of the compani				
	. (() - () - ()			
POSITION (please circle appro	opriate position)			
Support	Oppose	Ne	utral	
Testimony (please circle)				
Oral	Written			

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

•	
I.	Name (Please Print) Rad Galabert
	City Crystal Lake State 11 zip 60014
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
III.	POSITION (please circle appropriate position)
	Support Oppose Neutral
IV.	Testimony (please circle)

Written

Project Number: 17-00	Pro	oiect	Number:	17-001
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I.	Name (Please Print) Ruth	Yarbroug	h
	Name (Please Print) Ruth City Janes ville	StateW_L	Zip_5354
II.	REPRESENTATION (This section is to be pentity.) Entity, Organization, etc. represented the latest the all the latest the l		
III.	POSITION (please circle appropria	te position)	
	Support	Oppose	Neutral
IV.	Testimony (please circle)		
	Oral	Written	



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Project N	Number: 17-001			
l.	IDENTIFICATION Name (Please Print)	nifer U	h Itwell	
	city MCHenry	State	12	_zip_60050
II.	REPRESENTATION (This section is to entity.) Entity, Organization, etc. repre			
	Health Care)	realth		
III.	POSITION (please circle approp	priate position)		
	Support	Oppose	Neutra	I
IV.	Testimony (please circle)			
	Oral	Written		

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizentles Company)	1
entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citize	f n or other
Health Care) Mercy Health System	ens for
POSITION (please circle appropriate position)	
Support Oppose Neutral	
Testimony (please circle)	
Oral Written	

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I.	Name (Please Print)	Mayo	wide	
	City LYSTAL LAKE	State _ <i></i>	7	zip_ <i>6001 </i>
II.	REPRESENTATION (This section is to entity.)	o be filled if the witness is ap	pearing on behalf of any gro	up, organization or other
	Entity, Organization, etc. repre	sented in this appea	rance (i.e., ABC Conc	erned Citizens for
	Health Care) Chicago.	Begiona	O Council	of Copenters
	t Resident of			VEAVOR
	of this medical	facility of	World!	
) 7	<i>pogram</i>	
III.	POSITION (please circle approp	priate position)		
	Support	Oppose	Neutral	
IV.	Testimony (please circle)			
	Oral	Written		



Project Number: 17-001

STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

I.	IDENTIFICATION Name (Please Print)	_ Super	naw	······
	city <u>Delavan</u>	Super	WI	zip 53115
11.	REPRESENTATION (This section is to entity.) Entity, Organization, etc. represented the Health Care)	esented in this a		
III.	POSITION (please circle approp	priate position)		
	Support	Oppose		Neutral
IV.	Testimony (please circle)			
	Oral	Written		

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

Oral 🕽

Name (Please Print) VALERIE JOHNS
City WOODSTOCK State IL Zip 60098
REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Mercy Learth
,
POSITION (please circle appropriate position)
Support Oppose Neutral
Testimony (please circle)

41

Public Hearing Testimony Registration Form

Project I	Number: 17-001
I.	Name (Please Print) Laydan Creque
	City ares ville state
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Joren health
111.	POSITION (please circle appropriate position)
	Support Oppose Neutral
IV.	Testimony (please circle)
	Oral Written

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

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or other
ns for



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Project I	Number: 17-001			
I.	IDENTIFICATION Name (Please Print)	N Devit	Ď	· · · · · · · · · · · · · · · · · · ·
	City L	State	1	zip
II.	REPRESENTATION (This section is entity.) Entity, Organization, etc. rep Health Care)			
III.	POSITION (please circle appr	opriate position)		
	Support	Oppose	Neutra	al
IV.	Testimony (please circle)			
	Oral	Written		



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building Project Number: 17-001 **IDENTIFICATION** REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any graup, organization or other II. entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for III. -POSITION (please circle appropriate position) Support Oppose Neutral Testimony (please circle) IV.



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

I.	IDENTIFICATION A has	ding lie	m2/2	
	Name (Please Print)	STILL LIK	PETT	
Crustal	City City	State		tip <i>(600111</i>)
01951W	REPRESENTATION (This section i	is to be filled if the witness is ap	progring on behalf of any grou	ar accomization or other
	entity.)	s to be Jilled IJ the withess is ap	pearing on benuit of any grou	p, organization or other
	Entity, Organization, etc. rep	resented in this appea	rance (i.e., ABC Conce	erned Citizens for
	Health Care)	Hh		
III.	POSITION (please circle appr	ropriate position)		
	Support	Oppose	Neutral	
IV.	Testimony (please circle)			
	Oral	Written		



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Project	Number: 17-001
l.	Name (Please Print) Deborah Morley
	City The State IL zip 60050
11.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Mercy Health Supporter & Partner
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Medical Office Building

Project Number: 17-001

i.	Name (Please Print)	rri Kaywoo	d		
	City McHenry			Zip_	60051
II.	REPRESENTATION (This section entity.)	is to be filled if the witness	is appearing on behalf	of any group, or	ganization or other
	Entity, Organization, etc. rep Health Care)	presented in this app	oearance (i.e., Al	BC Concerne	ed Citizens for
	Mercy health				
	POSITION (Circle approprie	ta nacitian)			
111.	POSITION (Circle appropriate Support	Oppose	Neu	ıtral	



Project Number: 17-001

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

WOYK in CA	word lake II 100	zip_ <u>600</u> 098
REPRESENTATION (The entity.)	s section is to be filled if the witness is appearing on b	ehalf of any group, organization o
	etc. represented in this appearance (i.e	., ABC Concerned Citizer
Health Care)	roshon lda	
	COSTURITY (



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Project N	<i>❷</i> Iumber: 17-001
l.	IDENTIFICATION Name (Please Print) O
11.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Membeath
	. ()
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project Number: 17-001

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

1.	Name (Please Print) Kendra Ris Wing City Wonder Lake State FZ zip 60097
	City WONDULCKE State + C Zip 6009 +
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for
	Health Care) Mercy Health
111.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project Number: 17-001

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Name (Please Print)	•		Zip_535
REPRESENTATION (This entity.)			
Entity, Organization, e Health Care)	tc. represented in this	appearance (i.e., ABC	Concerned Citizens
Mency	hesiA		
POSITION (Circle appr	opriate position)		



Project Number: 17-001

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

	,
I.	Name (Please Print) Pare Osow Bob Passare
	Name (Please Print) TRE DISON DOB TASSAPELY
	City 1010 State IL Zip 60073
	CRYSTAL CAIL 60014
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other
	entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for
	Health Care)
	Trousers Local 130
	Mc Henry County Building TRADES
	
Ш.	POSITION (Circle appropriate position)
	Support Oppose Neutral



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

roject i	Number: 17-001
l.	Name (Please Print) Rowald Eck
	City Woodfock State Il Zip 60098
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Bu	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Rep. (Appearers local 2087)
,	Serving Mc Henry Co. IL.
	Aprox. (360 Members & FAMILYS)
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Project	t Number: 17-001
l	IDENTIFICATION Name (Please Print) William Lot
	City SKOKIE State IZ Zip 6007-
11.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) CARPENTERS
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center - Medical Office Building Project Number: 17-001 **IDENTIFICATION** 1. Name (Please Print) REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other II. Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) III. POSITION (Circle appropriate position) Support Oppose : Neutral

2/21/17



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Facility Name: MercyHealth and Medical Center – Medical Office Building

Public Hearing Appearance Only Registration Form

Project	: Number: 17-001
i.	Name (Please Print) Tracely Kle IN
	city Brookfield state WIS WIS WIS Zip 53005
11.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
Ш.	POSITION (Circle appropriate position)
(Support Oppose Neutral



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

	7 7
Facility I	Name: MercyHealth and Medical Center – Medical Office Building
Project I	Number: 17-001
I.	Name (Please Print) MIKE TICKENOR
	City Caystal LAVE State IL Zip Co014
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	· · · · · · · · · · · · · · · · · · ·
Ш.	POSITION (Circle appropriate position)
. L	Suppose Neutral New FN C. L. SINCE 1952, I'M VERY BLUNT
	The HAD A HEART ATTACK LITTEDKES 2/21/17 My nife HAS ALL CAREE HAS A VALUE OF MERCY
.The	my wife HAS ALS CANCER, HE ANT VALUE PROBLEM expents say how easy IT IS to to to then HOSPITALS To y gesting to
- Ho	t to the other HOSPITALS, TRY gesting to NON I FRIDAY with 4 5 creating 15:05 W come all the people who want this e AU C.i. Residents, AND All the people o say NO WORK for the Other Hospitals Dou't Live IN CAYSTAL LAKE!
Wh	o say No WORK for the Other Hospitals
M 10 8	D by I LIVE IN WYSTAL LARE!



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Project Number: 17-001		
l.	IDENTIFICATION Name (Please Print) MAGALENCE FILENCE	
	City CRISTIAN CARR State Ju Zip 600116	
11.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)	
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for	
	Health Care) Sex 7 LUZAC	
111.	POSITION (Circle appropriate position)	
	Support Oppose Neutral	