

#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)
City Lock but State IL zip 4 1103

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)

Many Many

III. POSITION (Circle appropriate position)

Support Oppose Neutral



Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

Name (Please Print)	Setty Mortenea	
city Crystal be	State I	zip 60014
REPRESENTATION (This section entity.)	on is to be filled if the witness is appearing on behalf	f of any group, organization or other
Entity, Organization, etc. r Health Care)	epresented in this appearance (i.e., Al	BC Concerned Citizens for
POSITION (Circle appropri	ate position)	
Support	Oppose Neu	utral

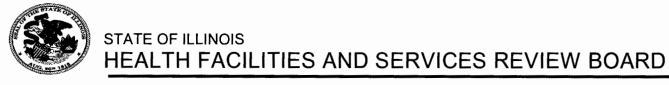


#### HEALTH FACILITIES AND SERVICES REVIEW BOARD

### Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project N	lumber: 17-002
I.	Name (Please Print) Sohn Cook
	City Evansulle State UP Zip 53536
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)  Mevey health
III.	POSITION (Circle appropriate position)
111.	
	Support Oppose Neutral



**Project Number: 17-002** 

1.	Name (Please Print) Wristine Woss
	city Rockford State 1L zip 61103
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)
	THIS CONTROLLED
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



#### STATE OF ILLINOIS

#### HEALTH FACILITIES AND SERVICES REVIEW BOARD

#### Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center - Hospital

I. IDENTIFICATION
Name (Please Print)

City

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)

Machine Position (Circle appropriate position)

Support

Oppose

Neutral



Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

Name ( <i>Please Pr</i>	1 10.0	is Han	Kins	
city Rusc	06	State	IL	zip 61073
entity.)	DN (This section is to	be filled if the witnes	s is appearing on behalf	of any group, organization or other  3C Concerned Citizens for
Health Care)	Mercyh		ppearance (i.e., At	oc concerned citizens for
	**			
				•
POSITION (Circ	le appropriate p	oosition)		
Support	)	Oppose	Neu	ıtral



Project N	Number: 17-002
l.	Name (Please Print) Brian Palka
	City Huntley State IC zip 60142
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)
	LOVE BEAT 150
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



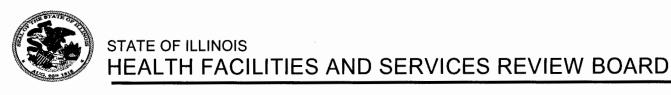
Project N	Number: 17-002	
l.	IDENTIFICATION Name (Please Print)	
	City <u>Culcamia</u> State	IL zip 6/0//
II.	REPRESENTATION (This section is to be filled if the witness is a entity.)	ppearing on behalf of any group, organization or other
	Entity, Organization, etc. represented in this appe Health Care)	arance (i.e., ABC Concerned Citizens for
	Mercykealth	
Ш.	POSITION (Circle appropriate position)	
,	Support Oppose	Neutral
(	(	



Project N	Number: 17-002
I.	IDENTIFICATION Name (Please Print) RIAU ORS
	City MARRISO State 14 Zip 66152
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)  LABORES LOCA   1635
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project I	Number: 17-002
I.	Name (Please Print) AVE Sylverson Senato
	City KFD State Zip Zip
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.	POS <del>ITION (Circle appropriate position)</del>
(	Support Oppose Neutral



#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION Name (Please Print) State Zip

II. REPRESENTATION (This section is to be filled if the witness is oppearing 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 (Circle appropriate position)
Support Oppose Neutral



Facility Name: MercyHealth and Medical Center - Hospital Project Number: 17-002 ١. **IDENTIFICATION** 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.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) III. POSITION (Circle appropriate position) Oppose Support Neutral



# HEALTH FACILITIES AND SERVICES REVIEW BOARD

### Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project	t Number: 17-002			
l.	IDENTIFICATION Name (Please Print) Ruth City Junes, 1/1e	State W	h	
II.	REPRESENTATION (This section is to be entity.) Entity, Organization, etc. represented the Care)  Mercyhealth	ented in this appea		
III.	POSITION (Circle appropriate po	sition)		
	Support	Oppose	Neutral	

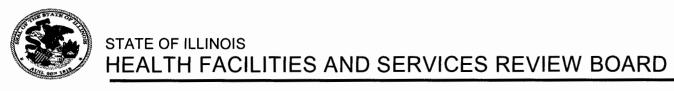


#### Public Hearing Appearance Only Registration Form



Project Number: 17-002

city Roscoe		State	1	Zip	6107
REPRESENTATION (TR	is section is to be fi	illed if the witness i	is appearing on behalf	of any group, orgo	anization or other
entity.) Entity, Organization,	etc. represent	ted in this and	pearance (i.e., Af	3C Concerned	Citizens for
Health Care)	ete. represent	ica iii tiiis app	rearance (ne., ric	o concerned	
,					
POSITION (Circle and	propriate posit	ion)			
POSITION (Circle app	propriate posit	rion)			



Project N	Number: 17-002
1.	Name (Please Print) Reter
	City ROCKFOVO State It Zip 10/103
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of ony group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



#### STATE OF ILLINOIS

#### HEALTH FACILITIES AND SERVICES REVIEW BOARD

### Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project I	Number: 17-002
l.	IDENTIFICATION Name (Please Print) Indu Jumnskas
	City ROCOC State State Zip 6/0/3
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 (Circle appropriate position)
(	Support Oppose Neutral





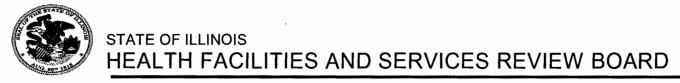
#### STATE OF ILLINOIS

### HEALTH FACILITIES AND SERVICES REVIEW BOARD

### Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project N	lumber: 17-002
I.	IDENTIFICATION But Bot True  Name (Please Print)
II.	City So. WI & NOTState Zip
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
III. —	POSITION (Circle appropriate position)
	Support Oppose Neutral



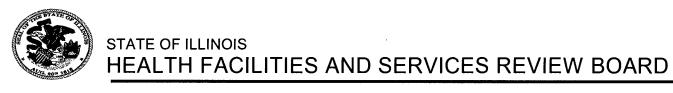
Facility N	Facility Name: MercyHealth and Medical Center – Hospital		
Project N	lumber: 17-002		
1.	IDENTIFICATION Name (Please Print)  City State T zip [2][07]		
н.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)  Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)		
III.	POSITION (Circle appropriate position)  Support Oppose Neutral		



Project N	lumber: 17-002
I.	Name (Please Print) Kanna Surdick
	City Fort Atkinson State W1 zip 53538
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 (Circle appropriate position)
	Support Oppose Neutral



#### Public Hearing Appearance Only Registration Form



Facility Name: MercyHealth and Medical Center – Hospital

<b>Project</b>	: Number: 17-002
l.	IDENTIFICATION Name (Please Print)  City HALVORD  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)  Meycy health although a factory of patients.
III.	POSITION (Circle appropriate position)  Support Oppose Neutral



Project	: Number: 17-002					
I.	IDENTIFICATION Name (Please Print)	KAN	DICE_	KRAJ	Elle	
	city Harthu	e.f	State	iL	Zip	60142
И.	REPRESENTATION (This entity.)	section is to be fill	ed if the witness i	s appearing on behalf c	of any group, orgo	anization or other
,	Entity, Organization, et Health Care)		ed in this app $250 \text{ W} A$	earance (i.e., AB	C Concerned	l Citizens for
III.	POSITION (Circle appro	opriate positio	on)			
	Support		Oppose	Neut	ral	



Facility Name: MercyHealth and Medical Center - Hospital

**Project Number: 17-002** 

1.	Name (Please Print)
	City January W State W zip 535 48
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) Leverhealth
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City Wordshock State Tip Lewy 8

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)

Warey Health Employee

III. POSITION (Circle appropriate position)

Support Oppose Neutral



Project (	Number: 17-002			
l.	IDENTIFICATION Name (Please Print) City	Pat Noonan State_IL	Zip	60067
II.	entity.) Entity, Organization, etc Health Care)	rection is to be filled if the witness is appearing on the company of the company		
III.	POSITION (Circle approp	oriate position)		
	Support	Oppose	Neutral	



#### Public Hearing Appearance Only Registration Form

Project Number: 17-002 ١. **IDENTIFICATION** Name (Please Print) \_  $\textbf{REPRESENTATION} \ (\textit{This section is to be filled if the witness is appearing on behalf of any group, organization or other algorithms and the section of the property of$ 11. Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) POSITION (Circle appropriate position) III. upport Oppose Neutral



Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

	Name (Please Print) Jarrolf Jeanston
	city Rockford State 16 Zip 6/114
	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization ar other ntity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	I support maryhealth for Capital Lake
•	
	POSITION (Circle appropriate position)
	Support Oppose Neutral



racility is	vame: Mercyneaith and Medical Center – Hospital
Project N	Number: 17-002
l.	Name (Please Print) Kelly Howard
	Name (Please Print) Kelly Howard  City Crystal Lake State IL 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)
111.	POSITION (Circle appropriate position)
	Support Oppose Neutral



#### STATE OF ILLINOIS

# HEALTH FACILITIES AND SERVICES REVIEW BOARD

Facility Name: MercyHealth and Medical Center – Hospital		
Project N	lumber: 17-002	
l.	IDENTIFICATION Name (Please Print) Theresa Hollinger	
	City Byron State In Zip. 41010	
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)	
	Merczhealth epiployie	
	0	
111.	POSITION (Circle appropriate position)	
	Support Oppose Neutral	



Facility Name: MercyHealth and Medical Center – Hospital		
Project N	Number: 17-002	
l.	IDENTIFICATION Name (Please Print) Natalie Wagner	
	Name (Please Print) Natalie Wagner  City Machesney Parla State IL zip 6/1/5	
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)  Mercyhealth	
III.	POSITION (Circle appropriate position)	
	Support Oppose Neutral	



Projec	ct Number: 17-002
l.	Name (Please Print) April Lippert  City Cystal Lake state zip 60015
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of ony group, organization or other entity.)  Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
III.	POSITION (Circle appropriate position)  Support Oppose Neutral



POSITION (Circle appropriate position)

**Project Number: 17-002** 

III.

### Public Hearing Appearance Only Registration Form

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)

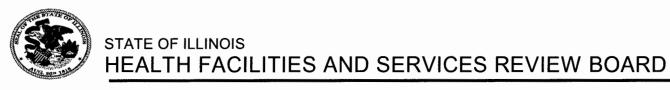
May health

Oppose

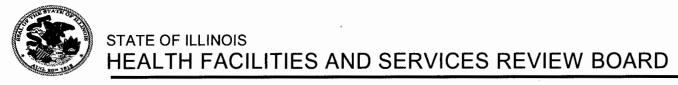
Neutral



Project Number: 17-002	
I.	Name (Please Print) Timber le Przybysz
	city <u>Crystal Lake</u> state <u>IC</u> zip 60098
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) Wercehealth
	,
III.	POSITION.(Circle appropriate position)
	Support Oppose Neutral



Project	Number: 17-002
I.	Name (Please Print) Kathy Kus
	City Janesville State WI Zip 53548
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)
/	Support Oppose Neutral



Project	Number: 17-002
I.	IDENTIFICATION Name (Please Print) Meagan Romer
	Name (Please Print) Meagan Romer  City Woodstock 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.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
III.	POSITION (Circle appropriate position)
(	Support Oppose Neutral



Project N	lumber: 17-002
l.	Name (Please Print) James MacNeal
	City Rockford State /L Zip
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)
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project	Number: 17-002
l.	IDENTIFICATION Name (Please Print) Ashley Murcia
	city DeKalb State IL Zip 10115
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)  Mercyhealth
	<b>,</b>
	•
III.	POSITION (Circle appropriate position)
	(Support ) Oppose Neutral



**Project Number: 17-002** 

REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any groentity.)  Entity, Organization, etc. represented in this appearance (i.e., ABC Conc.)  Health Care)	
Health Care)	erned Citizens
Health Care)	
Morcyhealth partner	
,	

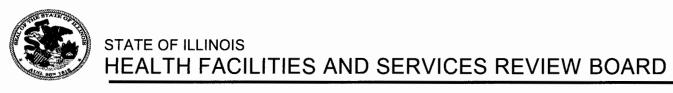


#### HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

oject	Number: 17-002
l.	Name (Please Print) Jim Manus Buisness Agent Preside
	city New Lenox State 16 Zip 60451
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) Local 17 Heat + Frost Insulators.
	I represent many members in this great who
	would support this project.
III.	POSITION (Circle appropriate position)
	(Support Oppose Neutral



# Public Hearing Appearance Only Registration Form

I. IDENTIFICATION Name (Please Print)

City Crystal abe, State \_\_\_\_\_\_ zip 60014

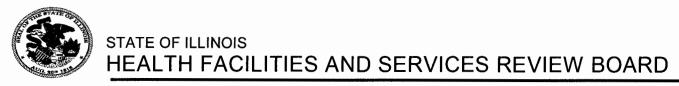
II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Mercyheath

III. POSITION (Circle appropriate position)

Support Oppose Neutral



#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City

CRYGTAL LARKE
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)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



# Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

1.	Name (Please Print) Dove HAWTHORNE
	City HARVAND State 1L Zip 60033
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
111.	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 - Hospital

I. IDENTIFICATION
Name (Please Print) Susan Gayle

City Crystal Lake State I Lago 60019

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)

Datrent Mency Health Systems

III. POSITION (Circle appropriate position)

Support Oppose Neutral



Project N	lumber: 17-002
I.	Name (Please Print) SHAWESH . VIR ANI
	City 100005TOCK State JL Zip 60098
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 HARVARD HOSPITAL
	7 12:10 11:10 11:00
III.	POSITION (Circle appropriate position)
(	Support Oppose Neutral



**Project Number: 17-002** 

Name (Please Print)  City ELCalN	State	1 -	zip Leo!
REPRESENTATION (This sec	tion is to be filled if the witness	is appearing on beh	alf of any group, organization o
entity.) Entity, Organization, etc. Health Care)	represented in this ap	pearance (i.e.,	ABC Concerned Citizen



Facility Name: MercyHealth and Medical Center – Hospital			
Project N	Number: 17-002		
l.	Name (Please Print) PAT PLC A CUEDKT  City ROCKGORD State 1L Zip 6/103		
	City ROCKEND State 16 Zip 6/103		
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)		
	Mercyhealtathsoftel-Ruchtm Avence		
III.	POSITION (Circle appropriate position)		
111.	Support Oppose Neutral		



#### Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

I. IDENTIFICATION State Zip 5//03

City Receptor State Zip 6//03

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)

West Area Area

III. POSITION (Circle appropriate position)

Support Oppose Neutral



Project	t Number: 17-002	
l.	Name (Please Print) Randy Lebakken	
	city Janes Ville State W/ Zip	5354 <u>5</u>
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organicentity.)	zation or other
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned C Health Care) Mercy hoっしも	itizens for
III.	POSITION (Circle appropriate position)	
	Support Oppose Neutral	



t Number: 17	-002			
IDENTIFICATION Name ( <i>Please F</i>	on Rand	y Benish		
CityJames	ville	န State <u>ယ</u> ်	I	_zip_57548
REPRESENTAT	ION (This section is	to be filled if the witness is app	pearing on behalf of any g	roup, organization or ot
Entity, Organiz Health Care)	ation, etc. repi	resented in this appear	ance (i.e., ABC Con	cerned Citizens f
POSITION (Circ	cle appropriate	position)		
Support		Oppose	Neutral	



ojeci	Number: 17-002
l.	Name (Please Print) Ladd Ud-
	City Janesville State WI zip 53548
н.	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)  Mercahea
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City McFarland State W/ Zip S35TV

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 (Circle appropriate position)

Support Oppose Neutral



# Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

1.	IDENTIFICATION HANDER (Please Print)	nicHams			
	city Jones Williams	State _	WI	Zip	<u> 33548</u>
И.	REPRESENTATION (This section entity.)	is to be filled if the witne	ss is appearing on behalj	f of any group, org	ganization or other
	Entity, Organization, etc. rep Health Care)	presented in this a	ppearance (i.e., A	BC Concerne	d Citizens for
III.	POSITION (Circle appropriat	e position)			
	Support	Oppose	Net	utral	



#### Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

I. IDENTIFICATION

Name (Please Print) YUETZ KILLTAUK

City TAMESUILUE State WI Zip 63595

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)

MERCYHEARTH

III. POSITION (Circle appropriate position)

Support

**Project Number: 17-002** 

Oppose

Neutral



# Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City Fockford State T Zip U109

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)

Werey health

III. POSITION (Circle appropriate position)

Support Oppose Neutral



Facility Name: MercyHealth and Medical Center – Hospital

# HEALTH FACILITIES AND SERVICES REVIEW BOARD

oject i	Number: 17-002
I.	Name (Please Print) ATRICK GRANIEY
	City MAD/SON State WI Zip 537//
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 (Circle appropriate position)
	Support Oppose Neutral



Project N	lumber: 17-002		
l.	IDENTIFICATION Name (Please Print)		
	City C. L	_StateC	zip (e 40/4
11.	REPRESENTATION (This section is to be filled entity.)	if the witness is appearing on	behalf of any group, organization or other
	Entity, Organization, etc. represented	l in this appearance (i.e	e., ABC Concerned Citizens for
	Health Care Resident C.	_	
		P	
III.	POSITION (Circle appropriate position	1)	
	Support	)ppose	Neutral



#### Public Hearing Appearance Only Registration Form



#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION Report Rishling

City Wanderlade State Tip 60897

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) . May Health

III. POSITION (Circle appropriate position)

Support Oppose Neutral



Project I	Number: 17-002
I.	IDENTIFICATION Name (Please Print) Mangaret Oefelein
	Name (Please Print) Magaret Oefelein  City Woodstock State / Zip 60098
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 (Circle appropriate position)
(	Support Oppose Neutral



Project N	Number: 17-002
1.	Name (Please Print) Kathryn Adams
	City Machesney Park State 12 zip 6/1/5
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 Corporation
	J
III.	POSITION (Circle appropriate position)
	(Support Oppose Neutral



# STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

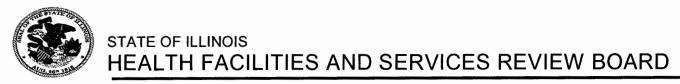
Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

l.	IDENTIFICATION Name (Please Print)	1x1:1500		
	City Ruet Forch	State	Zip	61102
II.	REPRESENTATION (This section is to be pentity.) Entity, Organization, etc. represented the Health Care)			
	•			
Ш.	POSITION (Circle appropriate posi	ition)		
	Support	Oppose	Neutral	



Project N	lumber: 17-002
l.	IDENTIFICATION Name (Please Print)  She tow hay
	City Rockford State 12 Zip 6/10/
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)
	Crusades Comments Death
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral

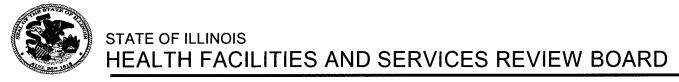


Project N	lumber: 17-002				
l.	Name (Please Print) Jennifer Wallatt				
	City Lake Geneva State WI Zip 53147				
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)				
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)				
	Mercyheath				
III.	POSITION (Circle appropriate position)				
	Support Oppose Neutral				



**Project Number: 17-002** 

#### Public Hearing Appearance Only Registration Form



#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

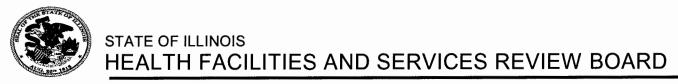
City State Zip C///

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)

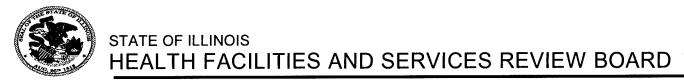
III. POSITION (Circle appropriate position)

Support

Oppose Neutral



Project N	umber: 17-002
l.	IDENTIFICATION Name (Please Print) JOHLE MUSKOVIN
	City Rockford State IL Zip 61103
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, arganization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
III. /	POSITION (Gircle appropriate position)
· · · · ·	
	Support Oppose Neutral



Project N	Number: 17-002		
l.	IDENTIFICATION Name (Please Print)	lle Hote	
	City POSIDE	State	zíp (61072)
II.	REPRESENTATION (This section is to be j	filled if the witness is appearing a	on behalf of any group, organization or other
	Entity, Organization, etc. represen Health Care)	ited in this appearance (	i.e., ABC Concerned Citizens for
	DOCUTION / C' /	··· 1	
III.	POSITION (Circle appropriate posi	tion) Oppose	Neutral
	Support	Oppose	IACULI AI



#### Public Hearing Appearance Only Registration Form

**Project Number: 17-002** 1. **IDENTIFICATION** Name (Please Print) REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other 11. Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) III. POSITION (Gircle appropriate position) Support Oppose Neutral



#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City Kould State To Tip Community)

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)

May had been supported to the witness of the witness



# Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center – Hospital

Project Number: 17-002

Name (Please Print)	[hy]	115	yay		
city Woodcfo	CIL	State _	<u>                                     </u>	Z	ip 600
REPRESENTATION (This	section is to be fill	ed if the witne	ss is appearing on b	ehalf of any group	o, organization or o
entity.) Entity, Organization, e	tc renresent	ad in this a	nnearance li e	ARC Conce	rned Citizens
Health Care)	ic. represent	eu iii tiiis a	ppearance (i.e	., ABC COIICE	THEO CILIZETIS
Lilr cul	ralth				
- 1 1					
POSITION (Circle appr	opriate positi	on)			
		Oppose		Neutral	



#### HEALTH FACILITIES AND SERVICES REVIEW BOARD

#### Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center - Hospital Project Number: 17-002 I. **IDENTIFICATION** Name (Please Print) REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other 11. Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) POSITION (Circle appropriate position) 111. Support Oppose Neutral



#### HEALTH FACILITIES AND SERVICES REVIEW BOARD

#### Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center - Hospital



#### HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center - Hospital

Project N	lumber: 17-002
l.	Name (Please Print) avole Ostrom
	City Crystal Lake State 10 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)  Mercyhealth
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project Number: 17-002

l.	Name (Please Print) Kara Sankcy					
	City ORFORDVILLE	State W/	Zip <b>5357</b>			
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)					
III.	POSITION (Circle appropriate position)					
	Support	Oppose	Neutral			



#### Public Hearing Appearance Only Registration Form

I. IDENTIFICATION Name (Please Print) Shipliff Pears.

City Suth Sulat State 12 Zip 61080

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)

POSITION (Circle appropriate position)

Support Oppose Neutral



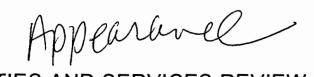
# STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

# Public Hearing Appearance Only Registration Form

Facility Name: MercyHealth and Medical Center - Hospital

ojec	t Number. 17-002						
I.	Name (Please Print) ALERIE DOINS						
	city Woodstock 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.)						
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens f Health Care)						
111.	POSITION (Circle appropriate position)						
	Support Oppose Neutral						





# Public Hearing Testimony Registration Form

Facility	Name: MercyHealth and	d Medical Center	<ul><li>Hospital</li></ul>	<i>-</i> 1		
Project	Number: 17-002		<i>f</i>			
l.	IDENTIFICATION Name (Please Print)	in Ke	oce ()			
	city CRYSTALLA	State State	Zi zi	p60014		
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)					
	J					
III.	POSITION (please circle appropriate position)					
	Support	Oppose	Neutral			
IV.	Testimony (please circle )					
	<del>Oral</del>	Written				