

Project	Number: 17-036
l.	Name (Please Print) Molly City State Zip 6009
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 I	Number: 17-036
l.	Name (Please Print) KLVA M SHAFER
	City WDSTCK State IL 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



Facility N	lame: Centegra Hospital -	- Woodstock		
Project N	lumber: 17-036			
I.	IDENTIFICATION Name (Please Print) City Wood 3 To c	y Ellen K State II	MATUNO Zip 60	Je 1098
II.	REPRESENTATION (This section is to be entity.) Entity, Organization, etc. represented the Health Care)			
111.	POSITION (Circle appropriate po	sition)		
	Support	Øppose )	Neutral	
	thow	to Seey	our	
\-	Jospital	teste	we se	
N	and for one	~ 100	Leons	10/2/17



Project N	Number: 17-036
1.	Name (Please Print) JOHN LABAT
	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)
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project Number: 17-036		
I.	IDENTIFICATION  Name (Please Print) Lance Montes Mo	
	City Mc Alenny State II 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)	
	Centegra Family Hoolth Sattnership Clinic	
Ш.	POSITION (Circle appropriate position)	
	Support Oppose Neutral	



**Project Number: 17-036** 

IDENTIFICATION Name (Please Print)	CHRISTINE H	ORLACHER	- 12-56
City Woods	State_	IL	Zip 60098
REPRESENTATION (This	section is to be filled if the witne	ss is appearing on behal	f of any group, organization or other
Entity, Organization, e	etc. represented in this a urned citize		BC Concerned Citizens for
<del>-</del>	1 37:		00.00.00
A <del>PERSON</del>			
POSITION (Circle appl	ropriate position)		
Support	Oppose	Ne	utral



# STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

,	vame: Centegra Mospital – woodstock
Project N	Number: 17-036
i.	Name (Please Print) About Color (Please Print)
	City Janes Ville State WI Zip 53546
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) Self Self
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project Number: 17-036

city McHenry	State I	Zip 6005
city received	state	ZIP
REPRESENTATION (This section entity.)	ion is to be filled if the witness is appearing	g on behalf of any group, organization or c
Entity, Organization, etc.	represented in this appearance	(i.e., ABC Concerned Citizens
Health Care)	rthwest Hera	0
	110000	7.04
<i>19</i>		
50000		
POSITION (Circle approp	riate position)	
		Neutral



Project N	Number: 17-036  IDENTIFICATION Name (Please Print)
	City Cerry Valley State 1 zip 6/108
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



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Project N	lumber: 17-036
1.7	IDENTIFICATION Name (Please Print)  City LOODSTOCK State TL Zip60098
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)
K	Oppose Neutral



**Project Number: 17-036** 

l.	IDENTIFICATION Name (Please Print) Mycha City Was Stack	el Mu	kray		
	City Was STOCK	State	14	Zip_	60098
II.	REPRESENTATION (This section is to be entity.)	filled if the witness	is appearing on be	half of any group, or	ganization or other
	Entity, Organization, etc. represer  Health Care)  Wood STOCK  1	-			
01.	POSITION (Circle appropriate pos	sition)			
	Support	Oppose	ı	Neutral	



Project Number: 17-036

IDENTIFICATION Name (Please Print) Iffaug M.
Name (Please Print) I Hay M.  City Woodstock State IC Zip 6009 8
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)
POSITION (Circle appropriate position)
Support Oppose Neutral



**Project Number: 17-036** 

L	IDENTIFICATION Name (Please Print)	homas.	Shultz		
	city Woods to	<u>K</u> Sta	te <u>I</u> L .	zip 600 9	8
п.	REPRESENTATION (This section entity.)	on is to be filled if the	witness is appearing o	n behalf of any group, organization o	r other
	•	epresented in th	nis appearance (i	i.e., ABC Concerned Citizen	s for
		X 11 - 22 -			
				- 2 000 to 100	_
III.	POSITION (Circle appropri	iate position)			
	Support	Орро	se	Neutral	



**Project Number: 17-036** 

IDENTIFICATION /	1.	
Name (Please Print)	Any Lemangki	
city Wood STO	CK State IL.	Zip 4029
	ction is to be filled if the witness is appearing a	nn behalf of any group, organization or a
·	. represented in this appearance (	i.e., ABC Concerned Citizens 1
1 1 1 1 1 1		
POSITION (Circle and a	oriate position)	
POSITION (Circle approp		



Project I	Number: 17-036
l.	IDENTIFICATION Name (Please Print) Cohn Kunzie
	City Woodstock, State T). zip 60099
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
	оррозе поста



Project N	lumber: 17-036
l.	IDENTIFICATION Name (Please Print) Judie Kunzie
	City Woodstock, State II, Zip 10098
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)
	A-81 =
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project N	lumber: 17-036
l.	Name (Please Print) 4. RICK BAWWAN
	City CRYSTA LAKE State 1L 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
	Shaw Media NORTH WIST HERALD
	THE PRODUCTION OF THE PRODUCTI
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



IDENTIFICATION Name (Please Print)	Scoe Soctord	
City Wood stack	State	Zip LOO
	tion is to be filled if the witness is appearing on beh	alf of any group, organization
entity.) Entity. Organization, etc.	represented in this appearance (i.e.,	ARC Concerned Citize
Health Care)	represented in this appearance (i.e., i	abe concerned citize
POSITION (Circle approp	riate position)	
POSITION (Circle approp		eutral



REPRESENTATION (This section is to be fille entity.) Entity, Organization, etc. represente Health Care)  **Xocal Citizent**	ed if the witness is app	nearing on behalf of any group, organization
entity.) Entity, Organization, etc. represente Health Care)	ed in this appear	rance (i.e., ABC Concerned Citize
Entity, Organization, etc. represented Health Care)		
Health Care)		
Local Citizen		
April augen		
	- 0.00000	
POSITION (Circle appropriate position	on)	
Support	Oppose	Neutral





# STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Project N	Number: 17-036
l.	Name (Please Print) KAT # YANN ME JEP
	City WOODSTOCK State IL Zip 60097
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) Concorned City
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project N	lumber: 17-036
<u>l.</u>	Name (Please Print) Judie Kunzie
	City 10 pod stock State IL Zip 6009 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)
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project	Number: 17-036
I.	Name (Please Print) John Kunzie
	City Woodstock State IL Zip Co0079
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)
111.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project	Number: 17-036
I.	Name (Please Print) PAUL LAVDICY
	City 4.00 DS 1064 State 72 Zip 60098
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)
111.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project	Number: 17-036
l.	Name (Please Print) Katherine C Schultz  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: 17-036
l.	IDENTIFICATION Name (Please Print)
	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 Number: 17-036** 

REPRES	SENTATION (	This section is to be	filled if the witnes	s is appearing on behal	f of any group, or	ganization or o
	Organization	n, etc. represe	nted in this ap	pearance (i.e., A	BC Concerne	d Citizens
Health	Care)					
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IDENTIFICATION TO A LICE TO TO TO TO THE COLUMN THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN					
Name (Please Print) Melissa J. Rhino					
City Woods tock, State IL Zip 60	098				
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 Citiz Health Care)	ens for				
POSITION (Circle appropriate position)					
Support Oppose Neutral					



oject i	Number: 17-036				
1.	IDENTIFICATION Name (Please Print) Henry Sugda  City Wood Aul State ICC Zip 60058				
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: Centegra Hospital – Woodstock

Project i	Number: 17-036					
l.	Name (Please Print) MARY E. SUGDEN  City WOODSTOCK State 14 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 Number: 17-036

	Name (Please Print) Fran Krueges				
	Name (Please Print) Fran Krueges  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)				
	A. W				
II.	POSITION (Circle appropriate position)				
	Support Oppose Neutral				



Project N	lumber: 17-036
I.	Name (Please Print) MINDY FONKE)
	City MUUCSTOCK State L 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) Concerned Citizens for Citizens & Employee
	ancerred children 4 employed
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project Number: 17-036

IDENTIFICATION	V at Kourson	
Name (Please Print)  City Woods	State FLC	zip 600
,	is section is to be filled if the witness is appearing on b	
,	etc. represented in this appearance (i.e	., ABC Concerned Citizen
/c <u>-</u>		
POSITION (Circle app	propriate position)	
Support	Oppose	Neutral



**Project Number: 17-036** 

l.	IDENTIFICATION Name (Please Print) Be +	te Ch	wullsz	e <sup>a</sup>	
	city Woods foc	<u>C</u> State	IL	Zip	60098
II.	REPRESENTATION (This section is entity.) Entity, Organization, etc. rep Health Care)	oresented in this	appearance (i.e.,		
UI.	POSITION (Circle appropriat	te position)			
	Support	Oppose	N	leutral	