

Project N	Number: 17-037
i.	Name (Please Print) PA() LACI)(CK
	City WOODS TYCH 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 Number: 17-037

<u>l</u> .	IDENTIFICATION Name (<i>Please Pri</i>	nt) <u>CHRISTI</u>	NE HOR	LA CHER		
	City W	DODSTOCK	State	IL	Zip	60098
II.	REPRESENTATIO	N (This section is to be fil	led if the witness i	s appearing on beholf	of any group, or	ganization or other
	Entity, Organizat Health Care)	ion, etc. represent	, ,	•		d Citizens for
	N.	<u>CDN</u>	<u>CERNED</u>	CITIZEN		
HI.	POSITION (<i>Circl</i>	e appropriate posit	ion)			
	Support		Oppose	Neu	itral	



Project N	Number: 17-037
I.	Name (Please Print) / Otherine Schuttz 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)
HI.	POSITION (Circle appropriate position)
	Support Oppose Neutral



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Project N	lumber: 17-037
1.	IDENTIFICATION Name (Please Print) John Kunzie
	City Woodstock State Il Zip 60698
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

Facility N	lame: Centegra Hospital – Huntley
Project N	Number: 17-037
l.	Name (Please Print) Judies Kunzie City Woodstock State IL zip 60098
И.	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)
M.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project Number: 17-037

l.	Name (Please Print) Matro, Teffay
	City Martin Woods bok State Zip 6008
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: 17-037

	IDENTIFICATION Name (Please Print) CARL E MICK
	City Wood North State 12 Zip 60098
I.	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)
II.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print) Drane J. Mick
City Woods fock State // Zip 600 98

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



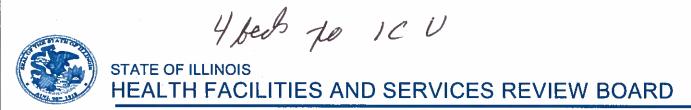
Project Number: 17-037

•	IDENTIFICATION Name (Please Print) RICH BLO GVY
	City WOOD STOCK State 12 Zip 60098
l.	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)
	·
11.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project Number: 17-037

I.	IDENTIFICATION Name (Please Print)	5 Guy		
	city Woodstock	State) L z	ip 60098
il.	REPRESENTATION (This section is to be entity.) Entity, Organization, etc. represe Health Care)			
		20		
	* <u>-1</u>			
	P 3812			
III.	POSITION (Circle appropriate pos	sition)		
	Support	Oppose	Neutral	



Project	Number: 17-037
l.	Name (Please Print) KATHYANN MFYER City WOODSTOOL State IL zip 60095
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)
101.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)
City State Zip Words

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: 17-037
I.	IDENTIFICATION Name (Please Print) AIAN BECKNAM
	City WOODSTOCK State # zip 60094
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

racility iv	racility Name: Centegra Hospital – Huntley		
Project N	lumber: 17-037		
1.	Name (Please Print) Lust Keuger City Woods tock State ICC 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: 17-037
l.	IDENTIFICATION Name (Please Print) WINDY KONKEL
	City WOWSTOCK State L Zip 60098
<u>II.</u>	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 Citizen + Employee
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project Number: 17-037

l.	IDENTIFICATION Name (Please Print) Fron Krueger
	City Woodstock State IL Zip 60098
H.	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 N	lumber: 17-037
l.	IDENTIFICATION Name (Please Print) Melissa J. Rhino
	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)
111.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project	Number: 17-037
I.	Name (Please Print) / NY Scydew City Mandatak State ICC Zip Goe 2
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)
10.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Number: 1/-03/				
IDENTIFICATION Name (Please Print)				
city WOODS TOC	State	/(Zi	p 600°
REPRESENTATION (This section entity.)	n is to be filled if the wi	tness is appearing	on behalf of any group	, organization or ot
Entity, Organization, etc. re Health Care)	epresented in this	s appearance	(i.e., ABC Concer	rned Citizens f
8				
N				
	2.5.900			
				E (1)
POSITION (Circle appropri	ate position)			
Support	Oppose	2	Neutral	



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

City Woodstock	State IL	Zip_60098
REPRESENTATION (This section is	s to be filled if the witness is appearing on	behalf of any group, organization
·	resented in this appearance (i.e	e ABC Concerned Citize
Health Care)	, (III	
	<u> </u>	
		(347)8-0.



Project Number: 17-037

l.	IDENTIFICATION Name (Please Print)	SONNO	E A.	LEFE	BV	RET
	City WOODSFICE	د	State		Zip_	6009F
II.	REPRESENTATION (This sentity.)	ection is to be filled i	f the witness is appea	ring on behalf of any	group, or	ganization or other
	Entity, Organization, etc Health Care)	c. represented	in this appearar	nce (i.e., ABC Co	ncerne	d Citizens for
				• • • • • • • • • • • • • • • • • • • •		
III.	POSITION (Circle appro	priate position)			
	Support	O	ppose	Neutral		



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Huntley

Project N	lumber: 17-037
Le	Name (Please Print) City Woodstock State X 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



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital - Huntley

Project N	Number: 17-037
1.	Name (Please Print) Delores Hartieb
	City Woodstock State 1/1. Zip 60098
И.	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 citizen for Health Care
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project Number: 17-037

1.	Name (Please Print) Thomas Skultz	
	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	



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – Huntley

Project N	Number: 17-037
l.	Name (Please Print) Tane (soebel
	City Unodstock State II 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)
	Concerned Citizen for Health Cave
111.	POSITION (Circle appropriate position)
	Support Oppose Neutral



τr	Number: 17-037
	IDENTIFICATION Name (Please Print) City WOODSTOCK State /L 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)
	POSITION (Circle appropriate position)
	Support Oppose Neutral