

Project N	Number: E-037-17
l.	Name (Please Print) Ratherine Schuttz
	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)
	3
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 – McHenry

Project Number: E-037-17

I.	Name (Please Print) John Kunzie
	City Woodstock State IL Zip 60078
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 - McHenry

Project N	lumber: E-037-17			
<u>J.</u>	IDENTIFICATION Name (Please Print) Oudie Kunzie			
	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)			
	8W 13 (51)(52)			
III.	POSITION (Circle appropriate position)			
	Support Oppose Neutral			



umber: E-037-17				
IDENTIFICATION Name (Please Print)	L LAU	DICH		
City 6000 STral	State	IL	zip600	
REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or othe entity.)				
Entity, Organization, etc. rep	resented in this appe	earance (i.e., ABC C	Concerned Citizen	
Health Care)				
POSITION (Circle appropriat	re position)			



Project Number: E-037-17

l.	Name (Please Print) Matras , Tresany
	City woods tack State IC Zip wog8
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



raciity i	iame. Centegra nospital – Michemy
Project N	Number: E-037-17
I.	Name (Please Print) Molly Oak ford P.T. DH City City State T. Zip 60091
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)
JII.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project Number: E-037-17

Facility Name: Centegra Hospital - McHenry

STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

1.	IDENTIFICATION Name (Please Print) KATHYANN MEYER City WOODSTOCK State 72 Zip 6097
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: E-037-17

l.:	IDENTIFICATION Name (Please Print) KAREN BUSH
	City Wood Stock 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)
	Woodstock Fire/Rescue District
III.	POSITION (Circle appropriate position) Support Oppose Neutral



Project N	Number: E-037-17				
l.	Name (Please Print) A I Ay BECKMAN				
	City WOODSTOCK State Ic 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)				
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111.	POSITION (Circle appropriate position)				
••••					
	Support Oppose Neutral				



Project	Number: E-037-17
L	Name (Please Print) City Washington State T Zip 60095
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 Suppose Neutral



Public Hearing Appearance Only Registration Form

Facility Name: Centegra Hospital – McHenry

Project Number: E-037-17

Name (Please Print) Hours Sugak
City Woodstalk State FU Zip 60090
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: E-037-17

IDENTIFICATION Name (Please Print)	SSA	J. Rhin	00
city Woodstack,	State _	IL	zip_ <u>/o0098</u>
REPRESENTATION (This section is to be entity.)	e filled if the witne	ess is appearing on behalf	of any group, organization or othe
Entity, Organization, etc. represe Health Care)	nted in this a	ppearance (i.e., Al	3C Concerned Citizens for
POSITION (Circle appropriate po	sition)		
Support	Oppose	Neu	utral



IDENTIFICATION	MARY	E SI	LGDEN
Name (Please Print) City	STOCK State	14	zip 600
REPRESENTATION (This	9-73 h		half of any group, organization or
=	tc. represented in this	appearance (i.e.	, ABC Concerned Citizens
Health Care)			
-			
₩			
POSITION (Circle appr	opriate position)		



Project N	Number: E-037-17			
l.	IDENTIFICATION Name (Please Print) VERNON SARBAUGH			
	City Wood Stock State ILL 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. CITIZEN			
	·			
Ш.	POSITION (Circle appropriate position)			
	Support Neutral			



Project Number: E-037-17

l.	IDENTIFICATION Name (Please Print)	,			10000C/
	city NOODSTOCK	State	<u> </u>	Zip_	80009
II.	REPRESENTATION (This section entity.)	is to be filled if the w	itness is appearing on	behalf of any group, o	rganization or other
	Entity, Organization, etc. rep	presented in thi	s appearance (i	.e., ABC Concern	ed Citizens for
	Health Care) CONCEYPER C	itizen	+ I mpl	NICT	
		(78°b)			
m.	POSITION (Circle appropriate	te position)			
	Support	Oppos	e	Neutral	



Project N	Number: E-037-17				
l.	Name (Please Print) Kurt Krueger City Woodstock State Ill 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)				
ш.	POSITION (Circle appropriate position) Support Oppose Neutral				



I. IDENTIFICATION Name (Please Print) City WOODS TOCK State L Zip W II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization, etc. represented in this appearance (i.e., ABC Concerned Health Care) CONCERNO CITIZEN III. POSITION (Circle appropriate position)	
II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization, etc. represented in this appearance (i.e., ABC Concerned Health Care) CONCERNO CITIZEN	_
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Health Care) CONCERNO CITIZEN	00098
Health Care) CONCERNED CITIZEN	anization or other
	d Citizens for
III. POSITION (Circle appropriate position)	
III. POSITION (Circle appropriate position)	
III. POSITION (Circle appropriate position)	
Support Oppose Neutral	



Project Number: E-037-17

L	IDENTIFICATION Name (Please Print)	ntification ne (Please Print) Fran Krueger			
	City Woodstock	State	IL	Zip 60098	
И.	REPRESENTATION (This section entity.)	is to be filled if the witnes	s is appearing on beha	of any group, organization or other	
	Entity, Organization, etc. rep Health Care)	presented in this ap	ppearance (i.e., /	ABC Concerned Citizens for	
		72			
			Δ		
III.	POSITION (Circle appropria	te position)			
	Support	Oppose	Ne Ne	eutral	