HEALTH SERVICES AND DEVELOPMENT AGENCY
SPEAKER'S FORM

COMPLETE THIS FORM IF YOU WANT TO SPEAK AT TODAY'S MEETING OR HAVE YOUR ATTENDANCE ON FILE WITH THE AGENCY.

PLEASE PRINT LEGIBLY MEETING DATE: June 24, 2020

NAME: Michael D. Brent TITLE: Attorney

COMPANY / AGENCY: Bradley Arant Boult Cummings LLP

ADDRESS: 1600 Division Street, Suite 700

CITY / STATE: Nashville, TN ZIP CODE: 37203

PHONE NO.: (615) 252 - 2361 . SIGNATURE: _____

"FORM MUST BE SIGNED"

1. PROJECT #: CN 2008-009 PROJECT NAME: Open Arms Care Corporation dba Knox County #6
2. CHECK THE ONE THAT APPLIES:
   - [X] I WISH TO SPEAK **IN SUPPORT** OF THE PROJECT
   - [ ] I WISH TO SPEAK **IN OPPOSITION** OF THE PROJECT
3. DO YOU WISH TO BE COPIED ON THE APPROVAL / DENIAL LETTER FOR THIS PROJECT?
   - [X] YES [ ] NO

PURSUANT TO T.C.A. ☐ 68-11-1609(f), OPPOSITION TO THIS PROJECT WILL SERVE AS ***NOTICE*** OF A PRIOR OBJECTION FILED DIRECTLY WITH THE AGENCY.

HEALTH SERVICES AND DEVELOPMENT AGENCY
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PLEASE PRINT LEGIBLY MEETING DATE: June 24, 2020

NAME: George Stevens TITLE: CEO

COMPANY / AGENCY: Integra Resources

ADDRESS: 101 West Park Drive, Suite 140

CITY / STATE: Brentwood, TN ZIP CODE: 37027

PHONE NO.: (615) 585 - 3496 . SIGNATURE: _____

"FORM MUST BE SIGNED"

1. PROJECT #: CN 2008-009 PROJECT NAME: Open Arms Care Corporation dba Knox County #6
2. CHECK THE ONE THAT APPLIES:
   - [X] I WISH TO SPEAK **IN SUPPORT** OF THE PROJECT
   - [ ] I WISH TO SPEAK **IN OPPOSITION** OF THE PROJECT
3. DO YOU WISH TO BE COPIED ON THE APPROVAL / DENIAL LETTER FOR THIS PROJECT?
   - [X] YES [ ] NO

PURSUANT TO T.C.A. ☐ 68-11-1609(f), OPPOSITION TO THIS PROJECT WILL SERVE AS ***NOTICE*** OF A PRIOR OBJECTION FILED DIRECTLY WITH THE AGENCY.

HEALTH SERVICES AND DEVELOPMENT AGENCY
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PLEASE PRINT LEGIBLY

MEETING DATE: June 24, 2020

NAME: Richard Brown

TITLE: Director

COMPANY / AGENCY: Facilities Development Group

ADDRESS: 101 West Park Drive, Suite 140

CITY / STATE: Brentwood, TN

ZIP CODE: 37027

PHONE NO.: (615) 620 - 6272

SIGNATURE: Richard Brown

"FORM MUST BE SIGNED"

1. PROJECT #: CN 2008-009 PROJECT NAME: Open Arms Care Corporation dba Knox County #6
2. CHECK THE ONE THAT APPLIES:

   ☒ I WISH TO SPEAK **IN SUPPORT** OF THE PROJECT

   ☐ I WISH TO SPEAK **IN OPPOSITION** OF THE PROJECT
3. DO YOU WISH TO BE COPIED ON THE APPROVAL / DENIAL LETTER FOR THIS PROJECT?

   ☒ YES ☐ NO

PURSUANT TO T.C.A. ☐ 68-11-1609(f), OPPOSITION TO THIS PROJECT WILL SERVE AS *NOTICE* OF A PRIOR OBJECTION FILED DIRECTLY WITH THE AGENCY.