



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 271</b>		DATE: <b>2/25/2025</b>	
COMMITTEE: <b>General Laws</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>CRAIG THOMPSON</b>		PHONE NUMBER: <b>660-890-7103</b>	
BUSINESS/ORGANIZATION NAME: <b>GOLDEN VALLEY MEMORIAL HEALTHCARE</b>		TITLE: <b>CEO</b>	
ADDRESS: <b>1600 N. SECOND ST.</b>			
CITY: <b>CLINTON</b>		STATE: <b>MO</b>	ZIP: <b>64735</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/25/2025 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>arniedienoff@yahoo.com</b>	ATTENDANCE: <b>In-Person</b>		SUBMIT DATE: <b>2/25/2025 11:58 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			