

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, November 10, 2020

Name: Jonathan Lee

Organization (If Applicable): Signature Health Inc

Position/title: CEO

Address: 38882 Mentor Ave

City: Willoughby State: OH Zip: 44094

Telephone: 440-953-9999

Email:

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 482
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent: X
- Opponent:
- Interested Party:

Do you have a written statement, visual aids, or other material to distribute?

Yes No

(If yes, please provide copies to the Chairman or Committee Clerk)

How much time will your testimony require?

- *Committee Chair may limit testimony in the interest of time*