

## Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Friday, February 28, 2025

Name: Kimberly King

Organization (If Applicable):

Position/title: President

Address: 10552 Success Lane Suite M

City: Dayton State: OH Zip: 45458

Telephone: 9374097071

Email: kking@hcnmidwest.net

Are You Representing: Yourself ☒ Organization ☐

Do You Wish to Testify On:

- Legislation (bill number):
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent:
- 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? 5 minutes

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