

ATTENDANCE SIGN IN SHEET

STNAME	FIRST NAME	M.I.	D.O.B.	SIGNATURE (SEE BELOW)	NOTES
Mcallet	er Eric	1	9-6-90	3-11/1/2/2	
meliu	Barrett		7-10-99	Darrott Com	Mus
Sauller	Moberd	7	7-26-01	Zhomen	
MANS	lan	1	1221-81		
Drexler	Tomthy	9	9-23-88		
Whiter	hobert	1	10-21-91	Toly Hunti	
· Volght	hachel	M	19-23-19	Muy we Som	
Sullivan	Jany Hanna	1/1	6-23-93	90000000000000000000000000000000000000	
Bhou	Brandon	14	8-24-92		
of Rulera	Martin	1	6-2-98	Nall In Mad	
Burkha	rt Dyllen	1	13-14-05		
2. Ince	anthony		8-3086		
3- Micolas	azo Reynalde		8-16-96	Kee	
Hurnes	r Moy		1-181	1 May Honer	
5. Bruce	Ruller	RU	10-25-64	I TUNE	tim Impact Panel Inc. its board r

By signing this form I acknowledge that I have been informed of the Panel rules and will abide by such. I further release Linn County Victim Impact Panel, Inc. its board members and employees and any governmental bodies and business entities represented on the board of Linn County Victim Panel, Inc. from any liability. I also acknowledge that I have sole responsibility for keeping my record of attendance.

AI FINDAINCE SIGIA IIA SUFFI PANEL DATE: Victim Impact Panel, Inc. NOTES SIGNATURE (SEE BELOW) D.O.B. M.I. FIRST NAME LASTNAME 111201

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