EXHIBIT 12
PAGE 1 OF 3

CITY OF WOODINVILLE
HEARING EXAMINER
SIGN-IN SHEET

SPINDERELLA STUDIOS
Project File # CUP14001

Open Record Hearing

Re: A Conditional use permit to operate a dance studio in an existing commercial building.

DATE & TIME: February 18, 2015 @ 12:00 PM

When you are recognized by the Hearing Examiner, please come forward to the podium and state your name and address. Hearing Examiner meetings are audio taped, so for recording purposes, please speak clearly.

Please print your name and give your current mailing address, including zip code, and indicate by checking in the appropriate box if you wish to testify.

Please make sure all information is readable

		Do you wish to Testify?
1.	Name: MARISA & JON OKA.	
	Mailing address: 22840 NE 26th ST SAMM, WA 98074.	
2.	Name: LINDA Foster	if needed
	Mailing address: 22505 3rd Ave SE Bothell WA 9802	
3.	Name: Khoe Kahue	" "
	Mailing address: 23716 95TH Ave. S. Kent, WA 98031	
		Do you wish to Testify?
4.	Name: Ksenia Smoroda	

EXHIBIT 12
PAGE 2 OF 3

	Mailing address: 6727 NE 201st Pl Kenmore WA 98028	
5.	**Name:** Craig MacKay	
	Mailing address:	
6.	**Name:**	
	Mailing address:	
7.	**Name:**	
	Mailing address:	
8.	**Name:**	
	Mailing address:	
9.	**Name:**	
	Mailing address:	
10.	**Name:**	
	Mailing address:	
11.	**Name:**	
	Mailing address:	

SIGN-IN SHEET

EXHIBIT 12
PAGE 3 OF 3

SPINDERELLA STUDIOS
Conditional Use Permit

CUP14001
19151 – 144TH Avenue NE
Woodinville, WA

HEARING EXAMINER
February 18, 2015 @ 12:00 PM