## WITNESS REGISTRATION

Committee Name:\_ ്ublic Hearing on:

Please register if you wish to testify on the above named measure/issue. 

Please print legibly.

Name and Organization <u>or</u> County of Residence	Phone # (Optional)	than 10 from mee	ive more 00 miles 1 this 2ting 1tion?		Position		Are you submitting written testimony?	
PLEASE PRINT LEGIBLY		Yes	No	For	Against	Neutral	Yes	No
DENNIE WHEELER	541- 347-4037	X		×			×	
ROBSET CARUS, O. SGPA	603. 698-7360		X			X	X	
Jim Craven TECH America				X				X

## TNESS REGISTRATION

Committee Name: oublic Hearing on: Date:

Please register if you wish to testify on the above named measure/issue. Please print legibly.

	Name and Organization <u>or</u> County of Residence	Phone # (Optional)	Do you li than 10 from mee	ting		Position		Are subm writ testin	itting Iten
	PLEASE PRINT LEGIBLY	( )	Yes	No	For	Against	Neutral	Yes	No
	RENNIE WHEELER	541- 347-4137	X		×	1		×	
	BOBSET CARUS, O. SCPA	603. 698.7360		X			X	×	
	Jin Craven TECH America				X				X
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## WITNESS REGISTRATION



Committee Name:_	HREV			
∂ublic Hearing on:_	HB 2535	Date:_	2/3/2011	) 

Please register if you wish to testify on the above named measure/issue. 

Please print legibly.

Name and Organization <u>or</u> County of Residence	Phone # (Optional)	than 10 fron med	live more 00 miles 11 this 12 ting 13 tion?	Position			Are you submitting written testimony?	
PLEASE PRINT LEGIBLY	(operation)	Yes	No	For	Against	Neutral	Yes	No
RALPH GROENER			X			X		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

# **WITNESS REGISTRATION**

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Committee Name:	HREV	
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bublic Hearing on:_	TID 0,555	Date: 4/3/2011

Please register if you wish to testify on the above named measure/issue. Please print legibly.

100	Name and Organization <u>or</u> County of Residence	Phone # (Optional)	Do you li than 10 from mee locat	ive more one miles this eting tion?		Position		Are you submitting written testimony?		
	PLEASE PRINT LEGIBLY		Yes	No	For	Against	Neutral	Yes	No	
	RALPH GROENER			X			X		χ	
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Committee Services

Revised 04/04