## WITNESS REGISTRATION

Committee Name:	HREV	
√ublic Hearing on:	HB 2555	Date: <u>2/21/11</u>

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	ive more 00 miles 1 this eting tion?	Position			Are you submitting written testimony?	
PLEASE PRINT LEGIBLY	(optional)	Yes	No	For	Against	Neutral	Yes	No
DEBRA BUCHAJAN	}							
REVENUE			X					X
KEN POSS, REVENUE			X					×
HEN POSS, REVENUE TIM Martiner OBA			X			=		X
							Davis	

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Committee Name:	HREV		
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Committee Services

Revised 04/04

	Name and Organization <u>or</u> County of Residence	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
	PLEASE PRINT LEGIBLY	Соринали	Yes	No /	For	Against	Neutral	Yes	No
	DEBRA BUCHAUAN								
	REVENUE			X					X
	KEN ROSS, REVENUE			×					×
_	Tim Martiner OBA			X					X
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