PUBLIC RECORD	
Oregon State Legislature WITNESS REGISTRATION	h a à
Committee Name: Nouse Verman Services V &	Yous ray
Public Hearing on: Date: Date:	3/8/13

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 live more than 100 miles from this meeting location?		0 miles this ting	Position			Are you submitting written testimony?		
PLEASE PRINT LEGIBLY	(opaonal)	Yes	No	For	Against	Neutral	Yes	No	
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Committee Services Revised 0									