PUBLIC RECORD

WITNESS REGISTRATION

Oregon State Legislature

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Committee Name:	House	Committee	00	Jua	iciar	-4

Date: 4/3 /2013 Public Hearing on: 4B 2556

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?		Position			Are you submitting written testimony?	
PLEASE PRINT LEGIBLY		Yes	No	For	Against	Neutral	Yes	No
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Committee Services				,			Revise	ed 04/04