PUBLIC RECORD

WITNESS REGISTRATION

Oregon State Legislature

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Committee Name:	LU) OI N	Health Care	
Committee Name.	17 cuce	Much Color	

Public Hearing on: 48 3430 Date: 4/0/20/3

Please register if you wish to testify on the above named measure/issue. Please print legibly. Public Hearing on: 48 3430

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
John Mullin					J.			
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