PUBLIC RECORD Oregon State Legislature WITNESS REGISTRATION

Committee Name:	Semle	Health	a Care	8 H	uman	Services
Public Hearing on:	HB 2	1329		Dat	te: 4/2	2/13

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?		Position			Are you submitting written testimony?	
PLEASE PRINT LEGIBLY		Yes	No	For	Against	Neutral	Yes	No
Carrie Nyssen amer Lung			1					~
Cynthia Gage Multnamoh				1			-	: 11