PUBLIC RECORD Oregon State Legislature WITNESS REGISTRATION DATE:51 13 PAGES: / SUBMITTED BY: 540.44 Committee Name: House Health Care Public Hearing on: SB Date:

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 PLEASE PRINT LEGIBLY	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
		Yes	No	For	Against	Neutral	Yes	No
Bill Cross and Signa Vernholm			\checkmark	$\sqrt{}$			/	
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Committee Services

Revised 04/04