PUBLIC RECORD

WITNESS REGISTRATION

Table Healing on Table 1	Public Hearing on:	HB 2646	Date: 4.30
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Please register if you wish to testify on the above named measure/issue. Please print legibly.

Name and Organization <u>or</u> County of Resid	dence Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
PLEASE PRINT LEGIBLY	(6)	Yes	No	For	Against	Neutral	Yes	No
JOHN MOHLIS OREGON BUILDING TRI	4DES							/
JOHN MOHLIS OREGON BUILDING TRI Rep. Doherty								
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Committee Services

Revised 04/04