gon State Legislature WITN mmittee Name: House	Rules							
ase register if you wish to testify on the above		re/issue.			5-10	_		
Name and Organization <u>or</u> County of Residence <u>PLEASE PRINT LEGIBLY</u> TM MARKEE ORCA	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	
					5			
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