PUBLIC RECORD		
Oregon State Legislature WITNESS RE	GISTRATION	
Committee Name: Senate Rules		
Public Hearing on: HB 2560 A	Date:	
Please register if you wish to testify on the above named me	asure/issue. Please print legibly.	
Name and	Do you live more than 100 miles Are yo submitte   from this Position	ing

PLEASE PRINT LEGIBLY     Yes     No     For     Against     Neutral     Yes     No       MATI MARKEE     I <t< th=""><th>Organization or County of Residence</th><th>Phone # (Optional)</th><th colspan="2">from this meeting location?</th><th colspan="3"></th><th colspan="2">testimony?</th></t<>	Organization or County of Residence	Phone # (Optional)	from this meeting location?					testimony?	
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	Committee Services							Daula	ad 04/04