PUBLIC RECORD

WITNESS REGISTRATION

Duse Health Care

Public Hearing on: HCR 16

Please register if you wish to testify on the above named measure/issue.

Please print legibly.

Name and Organization or 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
MARVIN SANNES	503 851-605	٠.	/	V				V
Jonathan Eames, OPER,	4		V	/		¥		
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