WITNESS REGISTRATION

Committee Name: SENATE BUSINESS

Public Hearing on:

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
-	Marshall Colla Associated Lixon Story	Car				X			