Iblic Hearing on:	E	Date: 4/11/13				
Please register if you wish to testify on the above named measure/issue.						
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 A	Against Neutral	Yes	No
Binogter Book			Ś			
JARAA WAR			X			\rightarrow
Jerry Schmidt			\times		X	*
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