## PUBLIC RECORD Oregon State Legislature WITNESS REGISTRATION

Committee Name:	Senate	Business and -	Transp	ortation
Public Hearing on:_	SE 23	Date:	2/5	113
Please register if you wish to	o testify on the above nar	med measure/issue. Please	print leg	ibly.

Name and Organization <u>or</u> County of Residence	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
PLEASE PRINT LEGIBLY		Yes	No	For	Against	Neutral	Yes	No
Lauric Skillman Real Estate Agency	503 378. 1630		X	X			×	ng of
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Committee Services							Revise	ed 04/0