PUBLIC RECORD		
Oregon State Legislature	WITNESS REGISTRATI	ON
Committee Name: Hou	se Health Care	
Public Hearing on: 14-B	3678	Date: 2/25/2813

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	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
Rep. Hayle								
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