**PUBLIC RECORD** 

Oregon State Legislature W	TINESS REGISTRA	ITON	
Oregon State Legislature Committee Name:	a Health Call	4 Human	Helvices
Public Hearing on: SCR	(p	Date: 2 2	2113
Please register if you wish to testify on the	e 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
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