PUBLIC RECOR		
Oregon State Legisla	ature WITNESS REGISTRATION	
Committee Name:	HITEWD	

Public Hearing on: MB 2742 Date: 3/1/13

Date:	5	(1)
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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
Bridget Buris ous			X					
	3							