PUBLIC RECORD

Oregon State Legislature WITNESS REGISTRATION

Committee Name:	enate H	ealth Care	8 Hu	man	Services
Public Hearing on:	5 456		Date:_	3/11	113

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?	
Phillip Kenedy-Wong Kassandra Griffin Robynfolmson X Ian Tolleson Oregon Farm Bureau Ivan Maluski	PLEASE PRINT LEGIBLY	` ' '			For	Against	Neutral	Yes	No
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