WITNESS REGISTRATION

Committee Name: Service Public Hearing on: SR 61 Date: 3/4/13	Oledon grare real	Sialuio	1 11 1	1. 0		1.1	0000
Public Hearing on: Sta (A) Date: 3/4/13	Committee Name:	Xnd	He teal	thall	13	Human	Selvice)
FUDIC HEALING OIL	Public Hearing on:	SR	(A1	=	Date:	3/14/1=	3

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
RICK ROSE ALASSIAN TREAT ERIN Whitsett								
CALALL YOUR ON WARRE								
Saval Same OliPins 1=5-n of Or Womm Mentred H	ealthoy		1			1		L
MIKEMALEY			V			V		
Bob Joandoph ORG			V			V		V
						9(
							1	
Committee Services							Di	ed 04/04