WITNESS REGISTRATION

Committee Name: Senate Business & Transpor Public Hearing on: SB 35

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 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
Brant Wolf, Association	ayus		X	X			X	
Brant Wolf, Association Teleconervication Creson Teleconervication Teleconervication Association	ctions		X	X				X