WITNESS REGISTRATION

PUBLIC RECORD
Oregon State Legislature

Committee Name:	
Public Hearing on: B ()	Date: 2-9-/5
	Dlaga wint lavible

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 tesimony?	
		Yes	No	For	Against	Neutral	Yes	No
J.L. WILSON - ADI, ANHEUSEL			·/		<i>\\</i>			**************************************

ummittee Services								

Committee Services

Revised 04/04