WITNESS REGISTRATION

Oregon State Legislature

Committee Name:_	Senate He	ealth Care	
Public Hearing on:_	5B 71	Date:	2-16-15

Please register if you wish to testify on the above named measure/issue.

Plea. MEASURE: SB071 EXHIBIT: 2

SENATE HEALTH CARE
DATE: _2/16/2015 PAGES: _1_

Name and Organization <u>or</u> County of Residence	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		SUBMITTED BY: Staff Position			written testimony?	
PLEASE PRINT LEGIBLY		Yes	No	For	Against	Neutral	Yes	No
Bill Cross				X				
Michael Millor 2				\times				
Shawn Miller				X				
				-				