PUBLIC RECORD Oregon State Legislature WITNESS REGISTRATION									
Committee Name: <u></u>	OUSE REVENUE								
Public Hearing on:	-B 2084	Date:	3-3-2015						

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)	ional) meeting location?		Position			Are you submitting written tesimony?	
PLEASE PRINT LEGIBLY		Yes	No	For	Against	Neutral	Yes	No
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Jim Milson								
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