11377/7-13	3
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WITNESS REGISTRATION

Oregon State Legislature

Committee Name:_	()† $+$ 7		
Public Hearing on:_	3B 514	Date: 3/5//	5

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 li than 10 from mee local	ting		Position		Are subm writ testin	itting ten
PLEASE PRINT LEGIBLY		Yes	No	For	Against	Neutrai	Yes	No
SIM LONG	541 317915	X		X			X	
MAKETHA MCLENDAN			X		X			X
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