WITNESS REGISTRATION

Committee Name: House Committee on

Public Hearing on:

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 live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
Mortin Taylor X	PLEASE PRINT LEGIBLY	(0)			For	Against	Neutral	Yes	No
Brian Nieubuurt, OHA	Martin Taylor Care Orecon				X			X	
	Brian Nieubuurt,								
	DHH								