PUBLIC RECORD Oregon State Legislature	WITNESS REGISTRAT	TION
Committee Name: Hous	se Committee on 1	Health Care
Public Hearing on: <u>HB</u>	3178	_ Date: 04/06/2015

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)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
DI FACE DRINT I FOIDI V		Yes	No	For	Against	Neutral	Yes	No
From Friday 4/3: Jon Eames, CVS Health					X			
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