PUBLIC RECORD: This form, your verbal testimony, and materials you distribute will be posted on the Internet and accessible to the public.

## WITNESS REGISTRATION

Committee Name:	House	Rules	-	
Public Hearing on: _	HCR 7		Date:	4-6-2015
Please register if you	wish to testify	on the above-named measure/issu	ae. <i>Please</i>	print legibly.
Name		Organization or County of	Check if you live more	Position on Measure

Name  PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from	Position on Measure		
		this meeting.	For	Against	Neutral
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