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: _      | Ser                                                                                        | role | Riks         |  |  |  |  |  |
|------------------------|--------------------------------------------------------------------------------------------|------|--------------|--|--|--|--|--|
| Public Hearing on:     | HCR                                                                                        | 20   | Date: 5/5/15 |  |  |  |  |  |
| Please register if you | se register if you wish to testify on the above-named measure/issue. Please print legibly. |      |              |  |  |  |  |  |

| Name  PRINT LEGIBLY                | Organization or County of Residence | Check if you<br>live more<br>than 100<br>miles from<br>this meeting. | Position on Measure |         |         |
|------------------------------------|-------------------------------------|----------------------------------------------------------------------|---------------------|---------|---------|
|                                    |                                     |                                                                      | For                 | Against | Neutral |
| CEAIA CAMPBELL                     | AAA OREWAY IDAHO                    |                                                                      | <b>/</b>            |         |         |
| Ceara Composer<br>Rep. Vic gilliam |                                     |                                                                      |                     |         |         |
| 105                                |                                     |                                                                      |                     |         |         |
|                                    |                                     |                                                                      |                     |         |         |
|                                    |                                     |                                                                      |                     |         |         |
|                                    |                                     |                                                                      |                     |         |         |
|                                    |                                     |                                                                      |                     |         |         |
| ii ii                              |                                     |                                                                      |                     |         |         |
|                                    |                                     |                                                                      |                     |         | ·       |
|                                    |                                     |                                                                      |                     |         |         |
|                                    |                                     |                                                                      |                     |         |         |
|                                    |                                     |                                                                      |                     |         |         |
|                                    |                                     |                                                                      |                     |         |         |
|                                    |                                     |                                                                      |                     |         |         |