MEASURE: HCR 2)
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## WITNESS REGISTRATION

Committee Name: _	Senate Rules				
Public Hearing on:	HCPZ ZI	Date: 6-4-2015			
Please 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 live more than 100 miles from this meeting.	Position on Measure		
		· · · · · · · · · · · · · · · · · · ·	For	Against	Neutral
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DAVIO ANITOK	Oregon Marshellere Co.	u.			
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