PUBLIC RECORD regon State Legislature WITNESS REGISTRATION								
ommittee Name: $\underline{J} \mathcal{W}$		s			_1			
ublic Hearing on: $5b7$	86		[Date:	6-0	7-20	<u>915</u>	• •••
ease register if you wish to testify on the above	named measu	re/issue.	<u>Ple</u>	ase p	orint l	legibl	<u>ly.</u>	
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?	
PLEASE PRINT LEGIBLY	(-P/	Yes	No	For	Against	Neutral	Yes	No
Daniel Knopp	541-6 39 - · 1045		\times	\times			- -	X
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