## WITNESS REGISTRATION

**PUBLIC RECORD** 

ാmmittee Name:	HOUSE	REVENUE		Oregon State Legislature
Public Hearing on: _	HB 248	5	Date: _	2-9-2015

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 tesimony?	
PLEASE PRINT LEGIBLY		Yes	No	For	Against	Neutral	Yes	No
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