## WITNESS REGISTRATION

## PUBLIC RECORD

Oregon State Legislature

Committee Name:	SH		
Public Hearing on: HB 6	1488	Date: 4/2/15	шаожая
Please register if you wish to testify on the	e ahove 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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## WITNESS REGISTRATION PUBLIC RECORD

Committee Name:	34R	Oregon State Legislature
Public Hearing on: $\frac{HB}{248}$	Date:	4/2/15
Please register if you wish to testify on the above nar	ned measure/issue. <b>Please</b>	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?		
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