PUBLIC RECORD: This form, your verbal testimony, and materials you distribute will be posted on the Internet and accessible to the public.

## WITNESS REGISTRATION

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Public Hearing on:	HB 2394	_ Date:_	Z	[22]	12017	
Committee Name:	House Health Care					

Please register if you wish to testify on the above-named measure/issue. <u>Please print legibly</u>.

Organization or County of Check if you Position on Measure

Name  PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from	Position on Measure			
		this meeting.	For	Against	Neutral	
Jenn BAKER	ONA			$\times$		
Christopher Usmilton	HPSP		X			
JOMES GNOWY	OH PD			X		
Barbara Holtry	OSBN				X	
	BLSW				X	
Susan Haney, M	D Coos Pay			X		
δ.	/					