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

WITNESS REGISTRATION

Committee Name: _	Hous	re Health	Care				
Public Hearing on:	143	2645		Date:_	3/6	117	
Please register if you	u wish to	testify on the ab	oove-named measure/issue. 4	Pleas	e prii	nt legibly	<u>'</u> .

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
JOHN TEAGUE	MARION		V		