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: _	SENATE HEALTH CF	ARE	
Public Hearing on:	5B 65	Date: <u>02-04-201</u>	
Please register if you wish to testify on the above-named measure/issue. Please print legible			

Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
	1		For	Against	Neutral
Deborah Riddick	ONA			/	
Naucy Machoris Adix	ACNU ONA			V	
Ruby JASM	OSBN		/		