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:	House Health Co	are
Public Hearing on:	5B 834	Date: 04/16/2019

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

Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
		this incetting.	For	Against	Neutral
BRUCE Burton	Oregon Dental ASS.	V	V		
Bruce Burton George Okulitch	Oregen Demen AS				
				====	
		ě)			