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: | HOU | ise | Health | care | |
|--------------------|-----|-----|--------|-------|-----------|
| Public Hearing on: | 53 | 67 | | Date: | 4125/2019 |

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

| 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 |
| Ruby Jason | OSBN | | X | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | 8 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |