

# WITNESS REGISTRATION

Committee Name: Jt. Tax Credits

Public Hearing on: SB 324 Date: 5-2-13

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

Name and Organization or County of Residence <b>PLEASE PRINT LEGIBLY</b>	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
		Yes	No	For	Against	Neutral	Yes	No
BOB DUEHMIG OFFICE OF RURAL HEALTH			X	X				
DOUG BARBER RURAL HEALTH ASSOC.			X	X			X	
John Mullin HSCO			X	X				X