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WITNESS REGISTRATION

PUBLIC RECORD

Oregon State Legislature

Committee Name:	8. 7.K	
Public Hearing on: 48 400	13 Date: _	2/19/14
Please register if you wish to testify on the above	named measure/issue	print legibly.

Name and Organization <u>or</u> County of Residence PLEASE PRINT LEGIBLY	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written tesimony?	
		Yes	No	For	Against	Neutral	Yes	No
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