WITNESS REGISTRATION

PUBLIC RECORD Oregon State Legislature

Committee Name: House Health Care

Public Hearing on: <u>UB 4108</u> Date: 2/3/2014

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

Please print legibly.

Name and Organization or County of Residence PLEASE PRINT LEGIBLY	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
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Don't Komeiji			ħ	/			X	
Joenne Fuhipmen			X					
Jenet Meyer			t	U			Х	
Bill Morray			7	J				
Starey Bilka			X	/			X	
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Committee Services					AT AT	JI	Reviso	