PUBLIC RECORD Oregon State Legislature WITNESS REGISTRATION

Committee Name:	HOUSE	E REVENUE		
Public Hearing on: _	5B	1534 A	Date: <u>2-25-/4</u>	
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Please register if you wish to testify on the above named measure/issue.

Please print legibly.

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