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AGENDA NUMBER OR TOPIC: _____

NAME: PAUL, ADOLPH, PHILLIPS
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CITY/STATE/ZIP: PORTLAND, OR 97201
PHONE: DAYS: 503-224-9954

EMAIL: _____ FAX: _____

SPECIFIC ISSUE: FIGHTING INJURIES

WRITTEN TESTIMONY: NO

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.