

Date:	
Name: TERRY PARIKER	_ (Please print legibly)
Authorized Spokesperson representing: Rose City Park Nacissian	SDASCN (if applicable)
Address: P. O. Box 13503	
City: TORRAND Zip: OR Phone: 335	284-87P
Email Address and/or Fax No.: 2012@gm	18,1.200
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Portland Planning and Sustainability Commissioner Public Hearing		
Date:		
Name: TACLIE SINDNY (Please print legibly)		
Authorized Spokesperson representing:(if applicable)		
Address: 4519 N. COMMISS		
City:		
Email Address and/or Fax No.: jackiestrongecom(ast, net		
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Date: 2-12-16	
Name: Vladinin Ozeryoa (Pleas	se print legibly)
Authorized Spokesperson representing: Portland fodevelopment	(if applicable)
Address: 7050, 7036 NE MLK	
City: <u>Portland</u> zip: <u>77211</u> Phone: 505/969-	8395
Email Address and/or Fax No.: TUUR 151 @ 6 Mail. Co	ne
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Date: 1.12.2016	
Name: Tim Rames	(Please print legibly
Authorized Spokesperson representing: Michael Foster Ramas	Fame (if applicable
Address: 1136 S.W. Davenport CE	
City: 10 v + (and zip: 91201 Phone: 563-76	1-1108
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# Portland Planning and Sustainability Commissioner Public Hearing

Date: _(1\2\2\0)(6
Name: Midael Foster (Please print legibly)
Authorized Spokesperson representing:
Address: 1534 Sw 58 M (if applicable)
City: Portland zip: 97221 Phone: 503.720.5935
Email Address and/or Fax No .: Mb foster 52 (a Nefzero . net
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Date: 7/12/16	
Name: BOR Foglio	(Please print legibly)
Authorized Spokesperson representing:	(if applicable)
Address: 13705 S.E. THURMONE	- tot
City: CLACK AMAS Zip: 9708 Phone: 503	555.4189
Email Address and/or Fax No.: Faglior @ Varros.com	
What agenda item do you wish to comment on? Composite, Zowing	MAP
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#### Portland Planning and Sustainability Commissioner Public Hearing

Date: 7/10/16	
Name: <u>JEREMY NOPHERSON</u>	(Please print legibly)
Authorized Spokesperson representing: <u>KILLIAN PACIFIC</u>	(if applicable)
Address: 101 W. 6th Ave	
City: VANCONVER WA Zip: 98660 Phone: 360-	567-0626
City: <u>VANCONVER</u> WA Zip: <u>98660</u> Phone: <u>360</u> - Email Address and/or Fax No.: <u>Jeremy</u> @ Killian pac	ific.com
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Date: 07.12.2016
Name: Allison Regnold (Please print legibly)
Authorized Spokesperson representing: WREH INC. Broad Moor, SolTerra (if applicable)
Address: 1120 NW Couch St.
City: Portland zip: 97209 Phone: 503.727.2168
Email Address and/or Fax No.: a reynolds @ porkins coil, com
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Site Address, if different from above: 3509 NE Columbia BIVd 3138 N Vancour
(Broad moor) 725 N Fargo.  (check if written comments are included on back) (Sol Terra)
1425NE Irving St (WREH)
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Autho	rized Spokesperson representin	g: Willean	Frunk Kelen	+assaff applicable)
Addre	ss: 9828 E Bume	ede		
City:	SS: 9828 E Beene Portland z	ip: <u>97216</u>	Phone: (563) ン	\$4-3080
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Date: 7/12/2016	
Name: MATTHEW NAVA	(Please print legibly)
Authorized Spokesperson representing:	(if applicable)
Address: 2833 NE WEIDLER ST	
City: PORTLAND OR Zip: OF Phone: 503	2380633
Email Address and/or Fax No.: Navaengregma;	1. com
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Date: 3004 12 2016	
Name:ENNIFER FARNET	_ (Please print legibly)
Authorized Spokesperson representing: 5ec	(if applicable)
Address: TAOIN, AUBINA AVE	
City: PDXZip: Phone: Phone:	
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Date: 7 12 20 6	
Name: Rita A Lyons	(Please print legibly)
Authorized Spokesperson representing:	(if applicable)
Address: 4234 SE 33rd P1	
City: Zip: OR Phone: 50	3 230-4872
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Date:	7-12-	16				
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Authorized	Spokesperson re	epresenting:				(if applicable)
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Date: <u>+ 12 / Le</u>	
Name: JAN HOLIBAUGH	(Please print legibly)
Authorized Spokesperson representing: SELF/OWNER	(if applicable)
Address: 1901 CHILDS RD,	
City: LAKE OSWESO Zip: 97034 Phone: 503-49	70 7864
Email Address and/or Fax No.: JRHOLIBAUGH & GMAIL	, com
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Date:	July 12 20/6			
Name:	: MYLES GILMER		(Please p	orint legibly)
Autho	rized Spokesperson representing:		(i	f applicable)
Addre	ss: 2211 NW SAINT HELEN	S RD.		44
	PTLD Zip: 97210			271
	Address and/or Fax No.: MYLES & &			
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Date: July 12-2016	4000
Name: Kale Brundo'dee	(Please print legibly)
Authorized Spokesperson representing:	(if applicable)
Address: 3025 NW Wilson St	
City: Port OK Zip: 97210 Phone: 503.	502.175/
Email Address and/or Fax No.: K. brund n'dge O come as	t. net
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Date: 7.17.19		
Name: RAY LEARY		(Please print legibly)
Authorized Spokesperson representing:	1705 NE 1	if applicable)
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Date:	Mu
Name: John Washington	(Please print legibly)
Authorized Spokesperson representing:	(if applicable)
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Email Address and/or Fax No.:	
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Date:7/12/16	
Name: Bob Cefeber	(Please print legibly)
Authorized Spokesperson representing:	ICSC/DIF w/ others (if applicable)
Address: 733 SW Znd	# 500
City:Zip:Zip:	704 Phone: \$03-274-0211
Email Address and/or Fax No.:	bob @ cra-nw.com
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	Portland Planning and Sustainability Commissioner Public Hearing
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Authoriz	zed Spokesperson representing: (if applicable)
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City: _	1740 _ Zip: 97212_Phone: 503 984 3885
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Date: 21716	
Name: 150 km 95	(Please print legibly)
Authorized Spokesperson representing:	
Address: $3.030$ //w/ $$	(if applicable)
City: 161 / 2 Zip: Phone: 563	837.175
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Portland Planning and Sustainability Commissioner Public Hearing
Date: 7/17/16
Name: (Please print legibly)
Authorized Spokesperson representing: 6alvanites CO. (if applicable)
Address: 2406 NW 30th Au.
City: Portland zip: 47210 Phone: 503 - 227-57(
Email Address and/or Fax No.: Chamilton C galuco. com
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Date:	
Name: Thomas Karwaki	(Please print legibly)
Authorized Spokesperson representing: University Park N.A/ NPL VE	(if applicable)
Address: 7139 N. Macrom Dec.	
City: PostlandZip: 97203 Phone: 253318	2095
Email Address and/or Fax No.: Karwaki 6) yahaa am	
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Date:	
Name: MPRK WHITLOW	_ (Please print legibly)
Authorized Spokesperson representing:	(if applicable)
Address: 1120 NW CONCH 104 FROME	,
City: PRTLAND Zip: 97209 Phone:	
Email Address and/or Fax No.:	
What agenda item do you wish to comment on?	
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Date: July 12, 2016	Hamu Hamu
Name: USa J. Lucae	(Please print legibly)
Authorized Spokesperson representing: JEMA Bodar Col.	(if applicable)
Address: 9828 & Burnside 87 \$ 200	
City: Zip: Phone:	4216
Email Address and/or Fax No.: <u>lucas @ lsitar. Com</u>	
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Date:	7/12/16			
Name:	KAREN KARLSSON		(P	ease print legibly)
Author	ized Spokesperson representing:	NWDA		(if applicable)
Addres	s: 906 NW 23RD AVE			
City:	PORTLAND, ZZ Zip:	77210	Phone: <u>603-227-</u>	5000
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Date:	
Name: WENDY CHUNG	(Please print legibly)
Authorized Spokesperson representing:	(if applicable
Address: 1729 NW Irving St	
City: Portland Zip: OR Phone: (720) 2	18.2925
Email Address and/or Fax No.: WCross iter@ y who. com	,
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Date: 7 (12) (6	
Name: Doan Pottle (F	Please print legibly)
Authorized Spokesperson representing: Dean's Scane	(if applicable)
Address: 4714 NE Fremont St	
City: Portland zip: 97213 Phone: 508-319	2517
Email Address and/or Fax No.:	
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Date:	
Name: WAGNE ECCOFT	(Please print legibly)
Authorized Spokesperson representing:	(if applicable)
Address: 1414 NE-87	
City: Pathaml Zip: 97213 Phone: 50	3 284-4685
Email Address and/or Fax No.: Wayne 37213 @ 4	aleo com
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, Portland Planning and Sustainability Commissioner Public Hearing
Date: 7/12/16
Name: (Please print legibly)
Authorized Spokesperson representing: Brown Properties (if applicable)
Address: 3234 SE CV/Stal Springs BIUD
City: Portland zip: 0V Phone: 5033816543
Email Address and/or Fax No.: Sellovoch byour @ ampail.com
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Date: 12 July 2015
Name: Plill (Please print legibly)
Authorized Spokesperson representing: 2519 EBLANDICE (if applicable)
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Date: July 12,2016	
Name: Jason Frank	_ (Please print legibly
Authorized Spokesperson representing: Karamanos Holdings,	Inc. (if applicable
Address: 801 NE 21st Ave	
City: Portland Zip: 97232 Phone: 503-82	3-6096
Email Address and/or Fax No.:	com
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Date:7 / 12 / 16	3 V
Name: JOLN KARAMANOS	(Please print legibly)
Authorized Spokesperson representing: <u>LARAMANOS</u> Holding S I	(if applicable)
Address: 801 NE 21 st AVE	
City: Portand Zip: 97232 Phone: (503) 234	4-7536
City: Portand Zip: 97232 Phone: (503) 232 Email Address and/or Fax No.: Johnny Karamano & gamail	· Com
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Date: 7/12/16	,
Name: DIRK T. DAVIS	(Please print legibly)
Authorized Spokesperson representing: SUNSLING DAITY FOODS	(if applicable)
Address: $801 NE 21^{87} AUE$	
City: Portland Zip: 97232 Phone: (503) 4	19-0325
Email Address and/or Fax No.: ddavis e sunstimedain food	els, com
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Date: 7/12//6	
Date: 7/12/16  Name: Peger Finley-FRY	(Please print legibly)
Authorized Spokesperson representing: 14RA MONAS HOLDING INC	(if applicable)
Address: <u>601</u> NE 2157 AVE	
City: PORTLANC Zip: 97237 Phone:	
Email Address and/or Fax No.: PFINLETFRY @ AOI. Com	
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Date:7 12 16	
Name:(Please print leg	gibly)
Authorized Spokesperson representing:(if applications)	able)
Address: 4606 5 th P.O. Box 220027	,
City: Portland zip: 97269 Phone: 503546-1583	
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Name: Day ac Kvawa Zeek	_ (Please print legibly)
Authorized Spokesperson representing:  BYOULTMOOT	(if applicable)
Address: 1120 NW Couch	
City: Portland zip: 97209 Phone:	
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Date:	$\checkmark$
Name: Allison Regnords	(Please print legibly
Authorized Spokesperson representing: SolTava	(if applicable
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City: Portand Zip: 97709 Phone:	
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Date: 12J42 16	
Name: JACK BOOKWALTHY	(Please print legibly)
Authorized Spokesperson representing:	(if applicable)
Address: 1110 NE KLICKSTAY	
City:	
Email Address and/or Fax No.: Jack bookwalter gahor.	Con
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Date:
Name: Alem Gebrehiwof (Please print legibly)
Authorized Spokesperson representing: 3//N/Fremont (if applicable)
Address: <u>2413</u> NEMLK
City: <u>PDX</u> Zip: <u>972/2</u> Phone: <u>583 3/4-773</u>
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