TESTIMONY

9:45 TIME CERTAIN

ROSE FESTIVAL - OFFICIAL FESTIVAL

IF YOU WISH TO SPEAK TO CITY COUNCIL, PRINT YOUR NAME, ADDRESS, AND EMAIL.

NAME (print)	ADDRESS AND ZIP CODE	Email
Linda Robinson	1115 NE 135th POX 97230	Ivobinspelx@comeastref
	12476 SE GUILFORD DR	1 VObinspole @ comcastral # FAX (503)659-3421
BIL EREY SOV. VIC ATIYEH		
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