Agenda Item 1135

TESTIMONY

9:45 AM TIME CERTAIN

SISTER CITY ACTIVITY REPORT

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

| NAME (PRINT) | ADDRESS AND ZIP CODE (Optional) | Email <i>(Optional)</i> |
|------------------|--|--|
| Shedrick J. Wilk | ADDRESS AND ZIP CODE (Optional) 945 NW NAIto PKny Apt 134 ins Portland OR 97209 3917 NE SKIDNOR ST POX 97211 | Email (Optional) Wilkinsshedrick e YAhoo.com |
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