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WITNESS REGISTRATION									
Committee Name: _	Senate	Health	lare						
Public Hearing on:	/ - 0 -	7		_ Date:_	2.18.15				
Please register if you wish to testify on the above-named measure/issue. Please print legibly.									

Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
			For	Against	Neutral
Christopher Allanach Erika Beard-Irvite MD	LRO				
Erika Beard Inste MI)	Organ Pediadric Society				
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