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WITNESS REGISTRATION

Committee Name: Senate Health Care					
Public Hearing on: 5B 5	Date: 3-2-15				
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
SHAWN MILLER					
SHAWN MILLER Patty O'	OAHHS			?	
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