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| WITNESS REGISTRATION   |           |              |  |  |  |  |  |  |
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| Committee Name: _  | Denate He | alth Care    |  |  |  |  |  |  |
| Public Hearing on:   | 53 564    | 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 |
| KAREN GIRARIS                                | OREGON HEALTH AUTH.  |  |                     |         | ~       |
| KAREN GIRARIS  CHECH Biowner  Ted Williamsen | Man Dear Tip By  |  | /                   |         |         |
| Ted Wilkaman                                 | OREGON STATE QUEEN REGISTR   |  |                     |         |         |
| Laurie Skokan<br>Jessica Adamson             | MEDICAL DIRECTORY OREGON STATE QUEEN REGISTR Providence Health: Services |  |                     |         |         |
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