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WITNESS REGISTRATION

Committee Name: _	Sei	note	Hea Hh	Care		
Public Hearing on:	SB	523			Date: 4/6/15	
Please register if you	ı wish to	testify o	n 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
Debra Bartel	Potland		X		
Courtni Dresser	OMA		X		
Sarah Baessler	ONA		X		
B) CAVNOR	Ona In Fork		X		
Ton How	CANBIA Health Solut	i ev		×	
Jessica Adamson	Providence			>	<
ν.					