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WITNESS REGISTRATION

Committee Name: _	Senate	- Health	Can						
Public Hearing on:	5B 8	380		Date: 4/6/15					
Please register if you wish to testify on the above-named measure/issue. <i>Please print legibly</i> .									

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
Orion Falvey	Orchid Health	$\sqrt{}$	✓		
Oliver Alexander	Orchid Health	\checkmark	\checkmark		
Bryan Boehninger	OMA				
Bryan Boehninger Elizabeth Renley	OSPA				
	*.				