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## WITNESS REGISTRATION

Committee Name:	House	. Committee on	Health	Care			
Public Hearing on:	HB	3513	Date	e: 04/13/2015			
Please register if you wish to testify on the above-named measure/issue. <u>Please print legibly</u> .							

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
ANDI EASTON, OAHHS					×