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WITNESS REGISTRATION

Committee Name: House Committee on Health Care					
Public Hearing on: HB 3	464	Date: 04/15/15			
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	Position on Measure		
1		this meeting.	For	Against	Neutral
Laura Etherton	Oregon Primary Care Associa	ution			