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WITNESS REGISTRATION									
Committee Name:	House.	Committee a	on Health	Care.					
Public Hearing on: _	HB	3530	Da	ate: 04/20	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		
			this meeting.	For	Against	Neutral
2	Bonnie Gayer, C	DD	Ves	\checkmark		
1) Bonnie Gayer, C Niki Terzieff TAUL COSENOUL Elise Brown		No	\checkmark		
	TAUL COSGNOUL		NO		$\boldsymbol{\mathcal{V}}$	
	E Elise Brown		No		V	

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