PUBLIC RECORD: This form, your verbal testimony, and materials you distribute will be posted on the Internet and accessible to the public.

WITNESS REGISTRATION

Committee Name:	House	Com	mittee on	Health	Care	25		_			
Public Hearing on: _	SB	146		Date:	04/	27/	2015				
Please register if you wish to testify on 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			
		ŭ	For	Against	Neutral	
Ton Horr	CAMBIALL Solution	1	K			
0						