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WITNESS REGISTRATION

Committee Name:	House Committee on	Health Care	
Public Hearing on: _		Date: 04/27/2015	
Please register if you	wish to testify on the above-named measure/is	ssue. 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		
			For	Against	Neutral
Beth Cooke AFCW Local 535 Chris Bjorklund	UFCW Local 555 UFCW Local 555				
Chris Bjorklund	UFCW Local 555		V		