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## WITNESS REGISTRATION

Committee Name:	Senate	Health	Can	
Public Hearing on:	HJM	6A		Date: 4/27/15
Please register if vo	u wish to test	ify on the a	above-named measure/issue. I	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
Dr. Robyn Preibelbis	COMP-Northwest		V		