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WITNESS REGISTRATION

Committee Name: _	House C	ommittee	on Health	Care		
Public Hearing on:	SB	230 A		Date: <u>04</u>	29/2015	
Please register if you	u wish to testify	on the above-nam	ed measure/issue.	Please pr	rint legibly	<u>'</u> .

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
LISA ANGÚS	AHO		2		