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WITNESS REGISTRATION

Committee Name: _	Senot	the Heal	ty	Core
Public Hearing on:	HB	3139	A	Date: 5/6/15
Please register if you	ı wish t	o 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		
			For	Against	Neutral
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