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WITNESS REGISTRATION

Committee Name: House Committee on Health Care					
Public Hearing on: 5B 3	001 A	Date:	5/13	/201	5
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		
		tans meeting.	For	Against	Neutral
ALEC SHEBIEL	ODNA		X		