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WITNESS REGISTRATION

Committee Name: Senate Health Care

Public Hearing on: HB 2369 A **Date:** 5/13/15

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		
			For	Against	Neutral
Bob Joondeph	DRO		X		

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