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WITNESS REGISTRATION										
Committee Name: _	Scha	te Heo	144	Care						
Public Hearing on:	HB	3021	A			Date:	5/13/15			

Please register if you wish to testify on the above-named measure/issue. <u>Please print legibly</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
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