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WITNESS REGISTRATION

Committee Name: _	House Committee on				
Public Hearing on:	SB 285	Date: 05/18/2015			
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
RubyJASON	Board of Nursing				