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WITNESS REGISTRATION

Committee Name: _	Senat	e Healt	COR	
Public Hearing on: _	HB	2024 A		Date: 5/20/15
Please register if you	wish to te	estify on the ab	ove-named measure/is	sue. 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
George	4004		X		
Deborah Loy	CDC				
Kellie BARNES	MULTHOMAH		*		
(may be - little lete 1 to 2 min 2 minon. (or	shieting on another bick				
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