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WITNESS REGISTRATION	- MEASURE: <u>58337</u> EXHIBIT: 125 SENATE HEALTH CARE					
Committee Name: Senate Health Care	DATE: 2-23-15 PAGES: SUBMITTED BY:					
Public Hearing on: <u>53 337</u>	Date: 2.23015					

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		
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