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## WITNESS REGISTRATION

Committee Name: House Health Care	
Public Hearing on: 148 2754	Date: 2/22/17
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	Of  Check if you live more than 100 miles from this meeting.	Position on Measure		
			For	Against	Neutral
Any Nelson - Horton			X		