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WITNESS REGISTRATION

Committee Name:	Senate Health Care					
Public Hearing on:	5B 5a6	Date: 3.31-17				
Please register if you w	ish to testify on the above-named mea	asure/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		
-5	7			For /	Against	Neutral
	· Patrick Stone					
-	· Patrick Stone / Chris Rett /					
L	Dr Shawn Macalester Bots X ENRLS					
	Bots X EARLS	AOT/OBA			V	
	Ton Hour	AOT/OBA CAMBIA				
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