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WITNESS REGISTRATION

Committee Name:	House	Health	Care	
Public Hearing on: _	1+B	2116		Date: 3/3/17
Please register if you	wish to tes	stify on the ab	oove-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
Sardra Shotwell	Design Modix Inc		•	X	
Sardra Strotwell What Tim Gardner	CAL JOSA VERY			X	
Jim Gardner	4:				X
II.					