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## WITNESS REGISTRATION

Committee Name: House Health Care						
Public Hearing on: 48 25	aring on: 4B 2518		ate: 3/10/17			
Please register if you wish to testify on the above-named measure/issue. Please print legibly.						
Name	Organization or County of Residence Check if you live more than 100 Position or		on on M	Measure		
ROD. Chate B	rehler	miles from this meeting.	For	Against	Neutral	
Kaking Hedberg	oregon Health Authorit	4			X	
Courtni Dresser	OMA -		×			
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