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WITNESS REGISTRATION

Committee Name: _	House Health Care		
Public Hearing on: _	HB 2751	_ Date:_	3/13/17
Please register if you	ı wish to testify on the above-named measure/issue.	Please	e print legibly.

	Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from	Position on Measure		
	TANVI EDGIDET		this meeting.	For	Against	Neutral
1	explanat month	OTAO, Wallow, County				
7	Forplamant, month. Katie Smith, OTS Samet Baker	OTAO, Benton	V	V		
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