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WITNESS REGISTRATION

Committee Name: _	House Health	Care					
Public Hearing on: _	HB 3135	Date	e: 3/20/17				
Please register if you wish to testify on the above-named measure/issue. Please print legibly.							

	Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from	Position on Measure		
			this meeting.	For	Against	Neutral
/	Rep. Brehler					
/	Rep. Brehler Maeia Robeiguez Jeston Black	045N		X		
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