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WITNESS REGISTRATION

Committee Name: _	House Health Care						
Public Hearing on:	1413 2981	Date:_	3	124/17			
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 this meeting.	Position on Measure			
			For	Against	Neutral	
Courtney Johnston	Coultion for a healthy		Х			
Courtney Johnston At Sucharzenski John Weellin	Family Care		X			
John Meullin	Organ haw Cente	r				
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