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WITNESS REGISTRATION

Committee Name: _	House Health Care					
Public Hearing on:	148 3014	Date: 3/24/17				
Please register if you wish to testify on the above-named measure/issue. <u>Please print legibly</u> .						

	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
	BILL COHAGEN	DREGON SOCIETY FOR RESS CAR	<u> </u>	~		
	BILL COHAGEN FOR DWAN	OREGON SOCIETY FUR RESILAND		_		
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