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WITNESS REGISTRATION

Committee Name:	Senate Akally	Care
Public Hearing on:	SB 83/	Date: 3/21/17
Please register if you wis	h to testify on the above-named mea	asure/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		
7			For	Against	Neutral
For Barrows	Ovegen Podiatric Med Asin				
ABUNDAM MANAGAM					