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WITNESS REGISTRATION

Please register if you v	vish to testi	fy on the above	-named measure/issue.	<u>Please</u>	print legibly.
Public Hearing on:	HB	2322		_ Date:	3/30/2017
Committee Name:	House	_ Judia	ary		

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
Karen Gunson MD	State Medical Examiner	V	L		
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