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## WITNESS REGISTRATION

Committee Name:	Senate Health Care						
Public Hearing on:	5B 033	Date:	4/4/17				
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
Art Sichorzenski	Family Care Health		X		
Bill Murray	Family Care Health	th	X		
	,				