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WITNESS REGISTRATION

Committee Name: _	Sonate Health Care							
Public Hearing on:	5B 234	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		
			tins meeting.	For	Against	Neutral
L	Bruce Thomson	HCAO Legislature Comm			V	
V	Art Schorauski	Family Care Healt	1	\		
V	Art Sichorauski	Family Care Health	^	\checkmark		