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WITNESS REGISTRATION

Committee Name: _	House	e Health	Care						
Public Hearing on:	1413	2836		I	Date: 4	14/17			
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
1	Micky Logan	OSH/OHA				
N	Dr. Simrat Sethi	08H/0HA		V		
V	Bob Joondeph	DRO		V		
	Bob Joondeph Chris Boureff	NAMI		V		
	×					
	2					