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WITNESS REGISTRATION

Committee Name:	House Health	Care			
Public Hearing on:	53 71		Date:_	4/19	117
Place register if you	, wish to testify on the al	hove-named measure/issue. F	Please	prin	t 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
Ruby Jason	05BN		X		
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