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WITNESS REGISTRATION

Committee Name: _	House	Health Care						
Public Hearing on:	_SB_	269	Date:	4/	124/17			
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
Ruby Jason	OSBN		_		ⁿ X