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WITNESS REGISTRATION

Committee Name: House Health Care					
Public Hearing on: 53 46	Date:_	4/26/17			
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	Position on Measure		
PRINT LEGIBLE		this meeting.	For	Against	Neutral
BRIAN Nieubourt, OHA	OHA		/		