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WITNESS REGISTRATION

Committee Name: _	Senate Health Coure			_				
Public Hearing on:	AB 2340A	Date:_	4/27/17	_				
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		
1111111 22 3222			For	Against	Neutral
Pot Aller	DIBS		X		
Richard Blackared	PCBS		X		