PUBLIC RECORD: This form, your verbal testimony, and materials you distribute will be posted on the Internet and accessible to the public.

WITNESS REGISTRATION

Committee Name: _	5	enate Health (Care							
Public Hearing on:	AB.	2675	Date:	4/27/17						
Please register if you wish to testify on the above-named measure/issue. Please print legibly.										
		O	Check if you	Desition on Mossuro						

	Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from	Position on Measure		
THE VI BEGIEE			this meeting.	For	Against	Neutral
L	Arborah Loy	Cupitol Dental Care		V		
	7					
		,				