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WITNESS REGISTRATION

Committee Name: _	House	Health	Care				
Public Hearing on:	SB 78	-6 A			Date: 5/8	17	
Please register if you	ı wish to test	ify on the abo	ve-named m	easure/issue	Please prin	t legibly.	•

	Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from	Position on Measure		
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