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## WITNESS REGISTRATION

Committee Name: _		Senate	Health Cove
Public Hearing on:	HB	2015 A	Date: 5/25/2017
Please register if you	ı wish	to testify on the above	e-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
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Rep. Kotek					
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