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WITNESS REGISTRATION

Committee Name:	Senate A	ealth Care	
Public Hearing on: _	SB71	Date:_	2/2/2017
Please register if you	wish to testify on the above-na	med measure/issue. <i>Please</i>	e 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
Ruby Jason	65BN		V		
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