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WITNESS REGISTRATION

Committee Name:	Senat	te Health Care	<u></u>
Public Hearing on:	SB72	Date:_	<i>3/2/3</i> 017
Please register if you	wish to testify on the above	-named measure/issue. <u>Pleas</u> e	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		
		this meeting.	For	Against	Neutral
Ruby Jason	OSBN		/		
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