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WITNESS REGISTRATION

Committee Name: House Health Care					
Public Hearing on:HJM	4 Date: 2/3				
Please register if you wish to testify on the above-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		
110.11 22 0.2 2			For	Against	Neutral
Rep. Keny buye	r				
Rep. Keny Guye Jou Bartholome Julie Lued the	w, AARP				
Julie Lued the	, HWSDS , Alzheimers				
Sara Kofman	, A/2heimers	Assoc	2,		