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WITNESS REGISTRATION

Committee Name: House Health Care			=
Public Hearing on: HB 2402	Date:_	2	3
Please register if you wish to testify on the above-named measure/issue	. <u>Pleas</u>	e pr	int 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
Rep. John Live	ty				
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