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WITNESS REGISTRATION

Committee Name:	House	(ommittee	01	Health	Care		
Public Hearing on: _	43	2465			Date:_	2/6	/17
Please register if you	wish to	testify on the above	e-nam	ed measure	/issue. <i>Pleas</i>	e prin	nt 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
Jenn BAKER	OPGON NUVSES ASSOC.		p		
Tom Doyla Courtini Dresser	ONA		مح		
- Courtni Dresser	ONA			X	
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