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## WITNESS REGISTRATION

Committee Name:	House	Health	Care			_				
Public Hearing on: _	113	2398		Date:_	2/13/17	_				
Please register if you wish to testify on the above-named measure/issue. <i>Please print legibly</i> .										

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
John Mullin Ovegan Law (enter Courtni Dresser Nan Heim			X		
Courtni Dresser	OMA				
Nan Heim	OR State Ambulance ASSOCICION				
					1