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WITNESS REGISTRATION

Committee Name:	Senate Heal	th Care
Public Hearing on:	58178	Date: 2/14/17
Please register if you w	ish to testify on the above-named r	neasure/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		
		tins meeting.	For	Against	Neutral
Robert Duehmig	OR Office of Rural Health				
Kotie Horris /	OR. Hospital Assoc.		V		
Courtini Dressur / Doug BARBER /	DMA		/		
Doug BARBER V	Rural Health Assoc				