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WITNESS REGISTRATION

Committee Name: _	House	Health Care						
Public Hearing on:	HB	2319	Date: 2 15 17					
Please register if you	er 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		
		this meeting.	For	Against	Neutral
Kendra Morgan	Shangri-La			X	
Kendra Morgan Charts Hill LoRee Fetton Robin Henderson	BLPCT		X		
LaRee Fetton	BPEOBLPCT		X		
Robin Henderson	OPA			X	
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