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WITNESS REGISTRATION

Committee Name:	House Health Care	
Public Hearing on:	HB 4156	Date:2/7/18

Please register 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	Position on Measure		
			this meeting.	For	Against	Neutral
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