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## WITNESS REGISTRATION

Committee Name:	House Health Care					
Public Hearing on:	SB 1549 A	Date: 2/23/18				
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 this meeting.	Position on Measure		
	an coin of hand to		For	Against	Neutral
Sabrina Riggs	OR ASSOC. of OA nopedic Surgeo	us Solo	X		
Katy, Kanon	OR-CEP		$\nearrow$		
Colorni Dressin	DMA		2		
Jessica Adarisa	Randerse		90		
Pat Allen	OHA		X		
Fric Price	084		X		
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