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WITNESS REGISTRATION

Committee Name: SENATE HEALTH	CARE						
Public Hearing on: SB 6	Date: 01/23/2019						
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		
		tins meeting.	For	Against	Neutral
Nicole KMShuaswami	Qregon Hedisa CBOARd				
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