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WITNESS REGISTRATION

Committee Name: House Health Care	
Public Hearing on: HB 2040	Date: 01/24/2019
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	Position on Measure		
	this meeting.	this meeting.	For	Against	Neutral
Leann Johnson	Oregon Health Authority				
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