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WITNESS REGISTRATION

Committee Name: _	SENA	TE HE	HTJAS	CARE				
Public Hearing on: _	3B	141		Date: 01, 28,201	9			
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		
			For	Against	Neutral
ANDI EASTON	OAHHS		X		
Robin Henderson	Providence Health & Services		X		
David Westbrook	Lines for Life		X		
David Westbrook Eva Rigge teau	Lines for Life AISCMI				
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