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WITNESS REGISTRATION

Committee Name:	Hous	ie Health	Care	
Public Hearing on:	HB :	2510	1	Date: 01/29/2019

Please register if you wish to testify on the above-named measure/issue. <u>Please print legibly</u>.

	Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
			this meeting.	For	Against	Neutral
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