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**WITNESS REGISTRATION**

Committee Name: SENATE HEALTH CARE  
 Public Hearing on: SB 141 Date: \_\_\_\_\_

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

Name <i>PRINT LEGIBLY</i>	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		
Eva Rippeteau	AFSCME				