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WITNESS REGISTRATION								
Committee Name:	Hou	se Health	Care					
Public Hearing on:	HB	2090		Date: 01/29/2019				

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		
			For	Against	Neutral
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