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WITNESS REGISTRATION

Committee Name: _	SENAT	E HEAL	TH CARE						
Public Hearing on:	5B	740	Date:	2-13-2019					
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
1	Jessin Adamson	Providence				
	Elec Brown	AMP				
	Senator Hansell					