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WITNESS REGISTRATION					
Committee Name:	SENATE HEALTH	CARE			
Public Hearing on:	· 3B 544	Date: 2-13-2019			

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.	e 1 official offici		
			For	Against	Neutral
Jennifer Knapp	Adrend Insufficienty		V		

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