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WITNESS REGISTRATION

Committee Name: _	SENATE	HEALTH	CARE	
Public Hearing on:	SB 15	0	Date:_	2-13-2019
Please register if you	ı wish to testify on the ab	ove-named measu	re/issue. <i>Pleas</i>	e 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
Dong Riggs CISA Trussell SHAWN MILLER	secure Medication systems		X		
SHAWN MILLER	Secure Medication Systems MGA, OCPC			X	
A1					