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WITNESS	REGISTRATION
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Committee Name: _	Hou	se t	lealth	Care	
Public Hearing on:	HB	260	10	Da	te: <u>02/19/2019</u>

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		Position on Measure			
		this meeting.	For	Against	Neutral		
1	Elizabeth Rembey	Cambia	7	/			
	Elizabeth Rembey Rolf Nesse mb	Cambia Sur tamable Econom OHSP/OSPA		/			
<b>X</b> .	Michael Millard	OHSP/OSPA		1			
4	Kelsen Wilson	POMA					
	V						