PUBLIC RECORD: This form, your verbal testimony, and materials you distribute will be posted on the Internet and accessible to the public.

WITNESS REGISTRATION

| Committee Name: | SENATE HEALTH | CARE |
|------------------------|---|---------------------------------|
| Public Hearing on: _ | SR 204 | Date: 2 - 20 - 2010 |
| Please register if you | wish to testify on the above-named measur | re/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 |
| Robert Duehmig SAM BARber | ORH | | | | |
| SAM BARber | ORHA | | | | |
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