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WITNESS REGISTRATION

Committee Name: _	SENATE HEALTH	CARE
Public Hearing on:	SB 698	Date: 3-11-2019
Please register if you	ı 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
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