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WITNESS REGISTRATION

Committee Name:	SENATE HEALTH	CARE
Public Hearing on: _	SB 795	Date: 3-18-2019

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.	Position on Measure		
			For	Against	Neutral
Logan Poynor	OAD		<		

CS001 (rev. 6/2014)