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WITNESS REGISTRATION

Committee Name: _	SENATE HEALTH	CARE
Public Hearing on: _	SB 136	Date: 3-13-2019

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		
Г				For Against Neutral		
	Dustin Degman	ORANA - LANE	\checkmark	For	Agamst	Incuti ai
	Dustin Degman Lother Hemphill DR MARK NORLING	ORANA-HARNEY	\checkmark			
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