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WITNESS REGISTRATION Committee Name: House Health Care

Public Hearing on: <u>HB 2037</u> Date: <u>02/26/2019</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 this meeting.	Position on Measure		
			For	Against	Neutral
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CS001 (rev. 6/2014)