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WITNESS REGISTRATION								
Committee Name: House Health	Care							
Public Hearing on: <u>HB 2563</u>	Date: 03/12/19							

Please register if you wish to testify on the above-named measure/issue. Please print legibly.

	NameOrganization or County oPRINT LEGIBLYResidence		Check if you live more than 100 miles from this meeting.	Position on Measure		
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