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WITNESS REGISTRATION

Committee Name:	SENATE	HEALTH	CARE	
Public Hearing on:	5B 8	08	Date:_ <u> </u>	3-2019
Please register if you wish to t	estify on the above-na	med measure/issu	ie. <i>Please pri</i>	nt 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
Lisa Burk	Ganhell		~		
Lisa Burk Lisa Haddock			~		
Alexandria Goddard	Student Activist-Wash.		V		
	America Frontation for Svicide Prevention		V		
Ryan Price Sen. Frederick			/		