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WITNESS REGISTRATION

Committee Name:	SENATE HEALTH	CARE
Public Hearing on:	SB 1030	Date: 4-3-2019
Please register if you wis	h to testify on the above-named measure/issu	e. 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
Art Suherzeusk	in Family Care		X		
- OK					