PUBLIC RECORD: This form, your verbal testimony, and materials you distribute will be posted on the Internet and accessible to the public.

## WITNESS REGISTRATION

Committee Name:	SENATE HEALTH	CARE
Public Hearing on:	SB 1041	Date: $4 - 3 - 201^\circ$
Dlagge register if you wish t	o 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
Mary Williams	COHO				<i>(</i>
Mary Williams P. + XILLIN	OHA				
	,				