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WITNESS REGISTRATION

Committee Name: House	Health Care				
Public Hearing on: HB 3075		Date:			:
Please register if you wish to testify	on the above-named measure/issue	. Please	<u>print</u>	legibl	<u>v</u> .
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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