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WITNESS REGISTRATION					
Committee Name: House Health Care					
Public Hearing on: HB 3095	Date: 04/02/2019				

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

Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.			
		this meeting.	For	Against	Neutral
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