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## WITNESS REGISTRATION

Committee Name:	Hous	ie Health	Care		The state of the s
Public Hearing on:	HB	3397	190)	Date: <u>64</u>	102/2019

Please register if you wish to testify on the above-named measure/issue. 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
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