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WITNESS REGISTRATION

Committee Name:	Hou	5e F	tealth	Care		
Public Hearing on:	HB	284	18		Date: 04/02	12019

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		
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