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## WITNESS REGISTRATION

Committee Name: _	SENA	TE	HEACTH	CARE	
Public Hearing on:	HB	20	92	Date: 4-	10-2019
Please register if you	u wish to testify on the abo	ve-nan	ned measure/issu	. Please pr	int 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
Michelle Symund-Gaine	S OPTLB		×		