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WITNESS REGISTRATION

Committee Name: _	SENATE HEALTH	CARE					
Public Hearing on:	HB 2090	Date: 4-10-2019					
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
MARY-BothBaptistz	OBNM		X		
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