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WITNESS REGISTRATIO	Ν
Committee Name: House Health Car	e
Public Hearing on: 55 61	Date: 04/18/2019

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.	Position on Measure		
			For	Against	Neutral
Nicole Krishnaswami	OMB		X		
	*:				
CS001 (rev. 6/2014)					