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WITNESS REGIS	TRATION	
Committee Name: House Health	Care	
Public Hearing on: 5B 66		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		
		this meeting.	For	Against	Neutral
Ruby RJutson	OSBN		X		

CS001 (rev. 6/2014)