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WITNESS REGISTRATION

Committee Name:	House	Health	Care		
Public Hearing on:	5B 1	136		_ Date:_	04/16/2019

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
Julie Weis	ORANA		\checkmark		
Dustin Dogman	1/	\times	\checkmark		
Julie Weis Dudin Degman Luke Hemphill Sabrina Riggs	1/-	X	V		
Sabrina Riggs	OSA			\sim	
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