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WITNESS REGISTRATION

Committee Name:	House	Health	Care
Public Hearing on:			Date: 4/25/2019

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		
710.12 == ===			For	Against	Neutral
NAMEY BOULIN, MD.	Willowant Valley Hospice				
NAMEY BOULIN, MD.	OHPCA				
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