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WITNESS REGISTRATION

Committee Name: House Health	Care	
Public Hearing on: 58 63		Date: 4/23/2019

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
ED CONFOM	BLARD OF MEDICAL IMALING		X		