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WITNESS REGISTRATION									
Committee Name: _	Hou	se H.	ealth	Care					
Public Hearing on:	53	127	A	Date: 04/28/2019					

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
Ruby Jagon	OS BU		X		
Seborah hiddick	ON/X		X		
LORI SWAIN	Oregon ACNM		X		

CS001 (rev. 6/2014)