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## WITNESS REGISTRATION

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Committee Name: House Health	Care			
Public Hearing on: HB 2692	Date: <u>62/21/2019</u>			
Please register if you wish to testify on the above-named mea	asure/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		
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