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WITNESS REGISTRATION

Committee Name: _	House	Health	Care		
Public Hearing on:	HJR	202		Date:_	2-6-20

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
Jebrah Ride &	6N/A				
Jessica Adamson 10 M Sincic	Providence HCAO		~		
TOM Sincic	HCAO		V		
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