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## WITNESS REGISTRATION

Committee Name: House Health Care					
Public Hearing on: HB 4029		Date:			
Please register if you wish to testify on the above-named measure/issue. Please print legibly.					
Name	Organization or County of Residence	Check if you live more than 100	Position on Measure		
PRINT LEGIBLY		miles from this meeting.	For	Against	Neutral
Halan Iba	Wishington Co.	~	H	<u></u>	
Felisa Hagins	SEIU 49		X		
Jessica Adanson	Providence		×		