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WITNESS REGISTRATION					
Committee Name: House Health Care					
	Date: 02/11/2020				
	*				
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	Position on Measure		
		this meeting.	For	Against	Neutral
William North	Roque Community Herit	X	X		
William North Danielle Sobel	Op Primary Care Assoc.		X		
	,				