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## WITNESS REGISTRATION

Committee Name: _	Senah	y Health	Core	
Public Hearing on:	HB_	4029	Date:_	02/20/2020
Please register if you	ı wish to test	ify on the above	named measure/issue. <i>PleaS</i>	e 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
Jessia Adamsn	Providence		X		
Felisa Lagins	SETU 49		X		
Ruth Jensen	HCAG-		X		