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WITNESS REGISTRATION

Committee Name: _	Sena	e Health	Cave					
Public Hearing on:	HB	4089		Date: 07/70/2020				
Please register if you wish to testify on the above-named measure/issue. <u>Please print legibly</u> .								

Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from	Position on Measure		
, ,	A	this meeting.	For	Against	Neutral
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