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## WITNESS REGISTRATION

Committee Name: _	Senate Health	Care			
Public Hearing on:	HB 4110A	E	Date:	2/25	12020
_				! !	

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
Num Griffith	OSPIRG OCBS		X		
Andre Stati	Dc35		Y	:	
Robert Vreer	Rep Helver		X		
.,					