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WITNESS REGISTRATION

Committee Name: _	Senare Health Care				
Public Hearing on:	HB 4030	_ Date:_	7	125	12020
Please register if you	u wish to testify on the above-named measure/issue.	Pleas	e pr	int le	gibly.

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	
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