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WITNESS REGISTRATION

Committee Name: Serate Health Care	
Public Hearing on: <u>68/514</u>	Date: 4th Feb 2010

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		
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