PUBLIC RECORD: This form, your verbal testimony, and materials you distribute will be posted on the Internet and accessible to the public.

WITNESS REGISTRATION

Committee Name: House Health Care	
Public Hearing on: HB 4104	Date:
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		
		this meeting.	For	Against	Neutral
Scott Barrie	AFLAC		X		
Scott Barrie Gary Allen	AFLAC	~	4		
*	>				
,					