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WITNESS REGISTRATION

Committee Name: House Health Care	
Public Hearing on: 58 1503 A	Date: 2/17/2016
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
Jenn Baker	ONA		M		
Jenn Baker Glizabeth RemLey	OSPA		V		
Katy Kind	OPPZ				
HOAM MAXEY	OP50			X	
FUSE BUUN	AHTP				4
Courtni Dressen	OMA				
	r e				
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