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WITNESS REGISTRATION

Committee Name: House Headt	h Core
Public Hearing on: 48 4107	Date: 2/8/2016

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		
			For	Against	Neutral
Heather Praekum	Family Care Health		X		
Heather Practurn Courtney Johnston	Family Care Health		X		i=
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