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WITNESS REGISTRATION

Committee Name:	Senate	Health Clare	
Public Hearing on: _	SB 69		_ Date:_ <u>2/2/2</u> 017
Please register if you	wish to testify on the	above-named measure/issu	e. 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
Ruby JAson	OSRN		V		
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