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**WITNESS REGISTRATION**

Committee Name: House Health Care

Public Hearing on: HB 4107 Date: 2/12/18

Please register if you wish to testify on the above-named measure/issue. *Please print legibly.*

Name <i>PRINT LEGIBLY</i>	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
			For	Against	Neutral
Dr. Sandra Sleszynski (call in)			X		
David Walls	OPSD		X		