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Name: Lawn Obon Date: 42/14  PLEASE PRINT  Address: 190 South Ave, La Crusse, W  I represent: Atunderan Health System  Legislation: 10-6313		
	ase fill out a separate sheet for each piece of legislation in which se check only One (1) of the following six (6):	you are interested.)
()	I wish to speak in favor of the legislation.	
()	I wish to <b>speak</b> in opposition of the legislation	
( )	I wish to register in favor of the legislation	
()	I wish to register in opposition of the legislation	
X	I'm in favor of the legislation, but only here to answer questions	
()	I'm in opposition of the legislation, but only here to answer question	ns

Please put the legislation number from referred matters list beside the appropriate committee(s).