fr ap	lease put the legislation number om referred matters list beside the oppropriate committee(s). &A
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SLIP	
_ Date	:8/4/16
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hich y	you are interested.)

COMMITTEE HEARING REGISTRATION SLIP

Name: Laura Olson

PLEASE PRINT

Address: 1900 South Avenue

repre	sent: Lindersen Health System
Legisl	ation: # 16-0512
(Pleas	e fill out a separate sheet for each piece of legislation in which you are interested.)
Please	check only one (1) of the following six (6):
()	I wish to speak in favor of the legislation.
()	I wish to speak 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
1	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 questions