

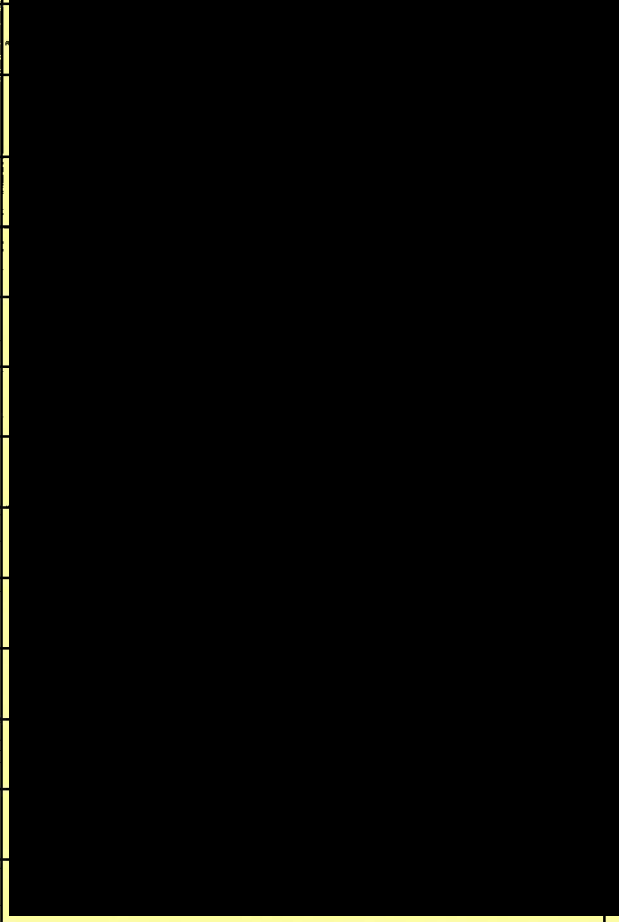
Committee HHS

Hearing Date: 2/7/24

LB/LR # 857

Page: _____

This form is intended for those present at the public hearing to indicate their support or opposition without publicly testifying.
It will appear in the official records of the committee.

| Name (please print) | Address | Support | Oppose | Neutral | |
|--|---|---------|--------|---------|--|
| L. M. D. S. V. B. H. M. E. C. P. E. N. |  | X | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

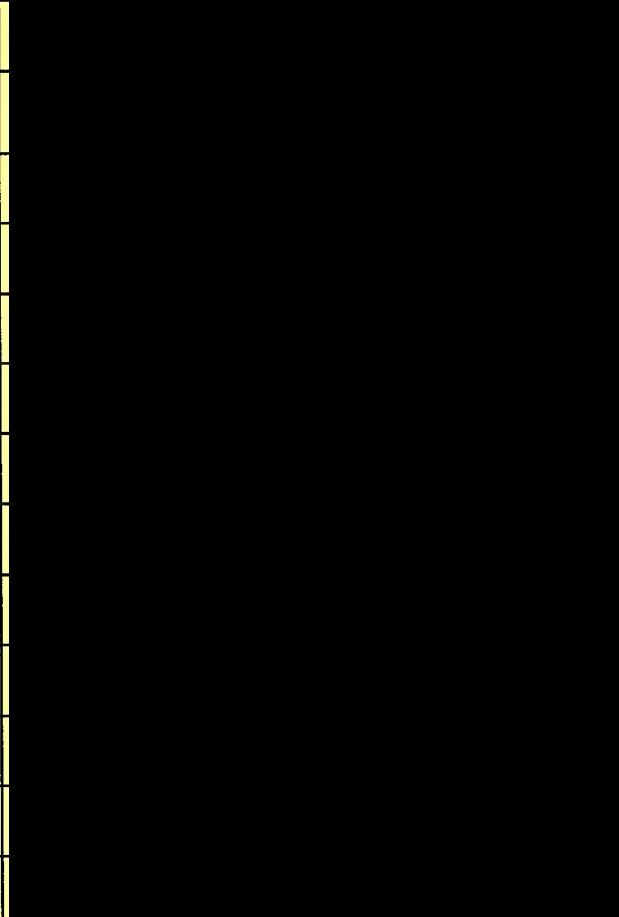
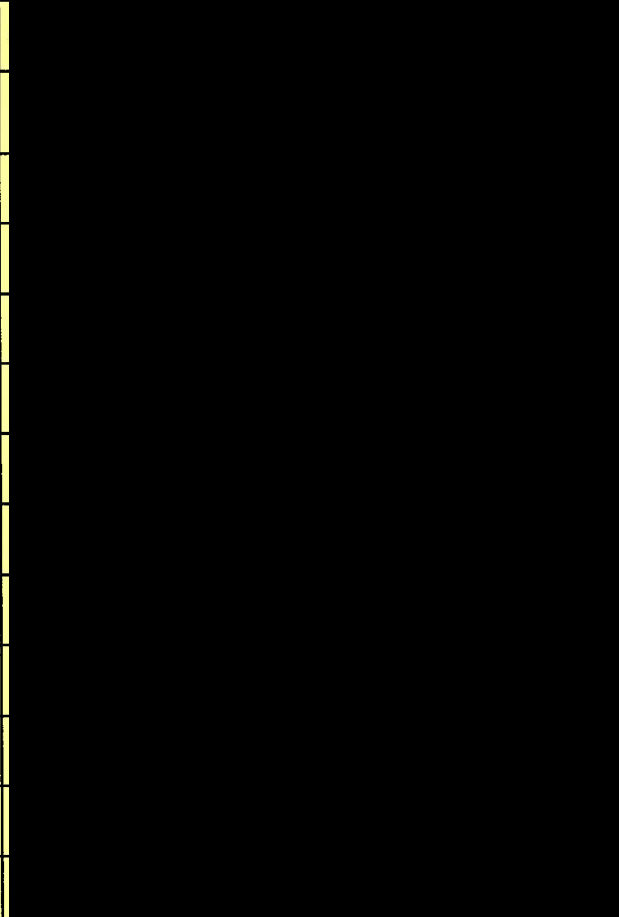
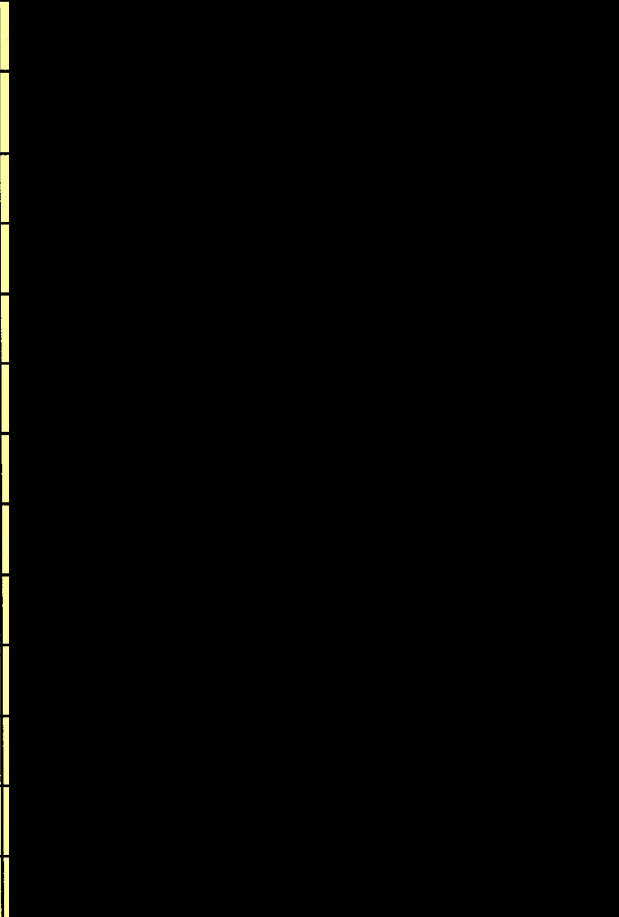
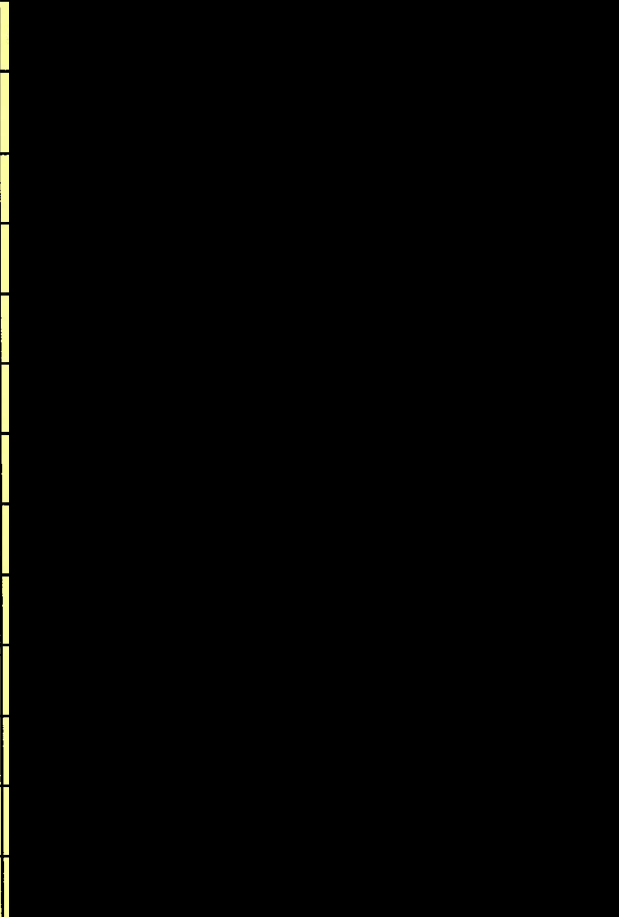
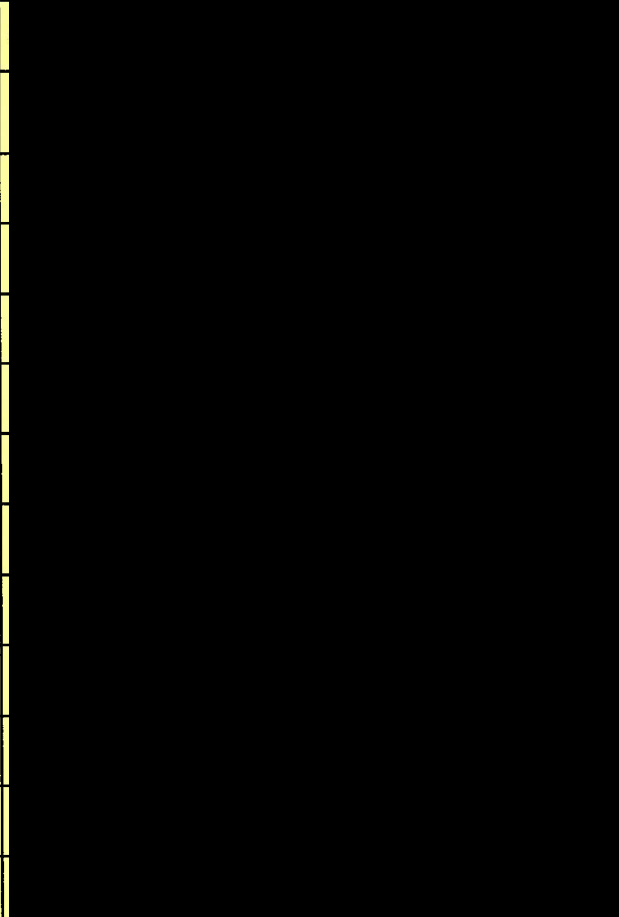
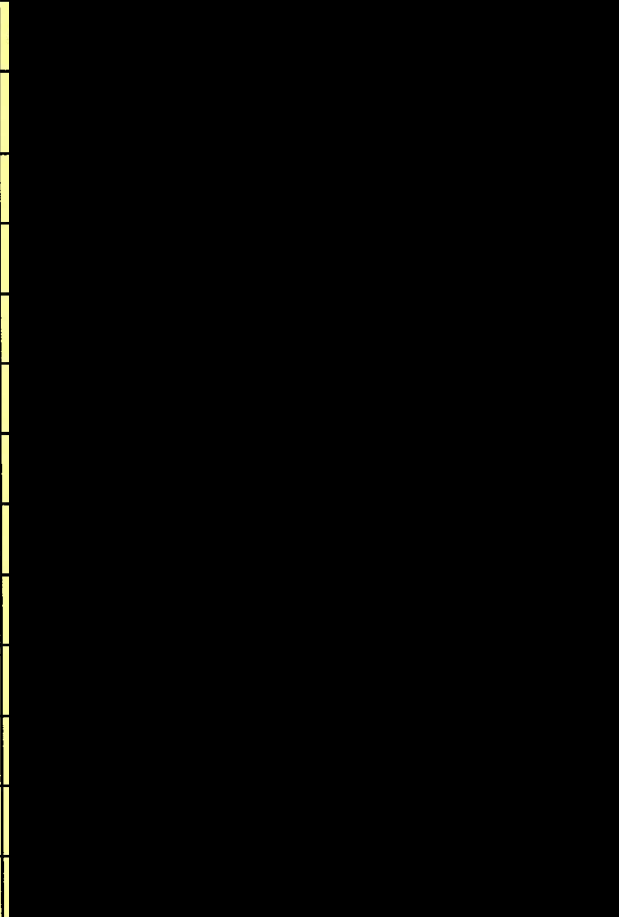
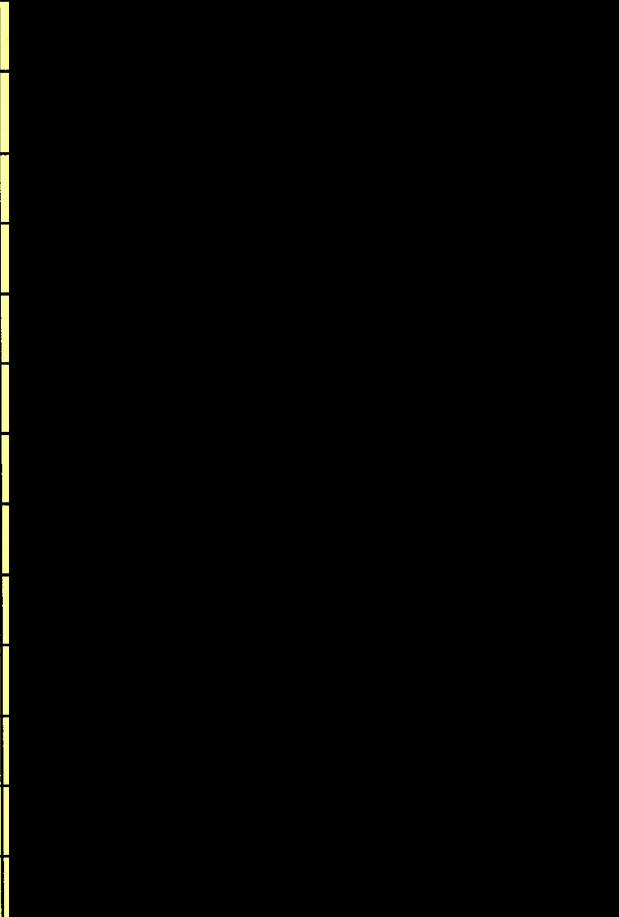
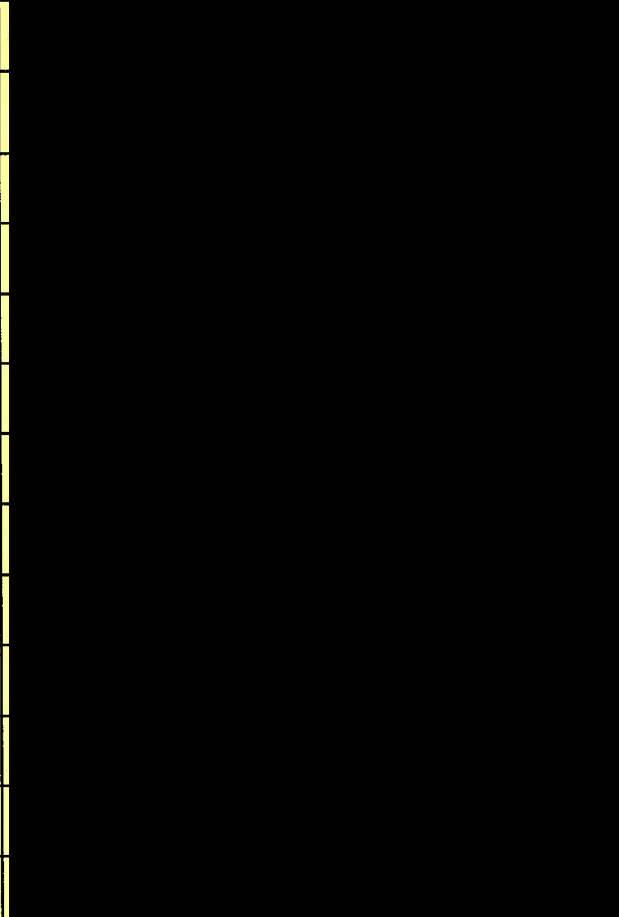
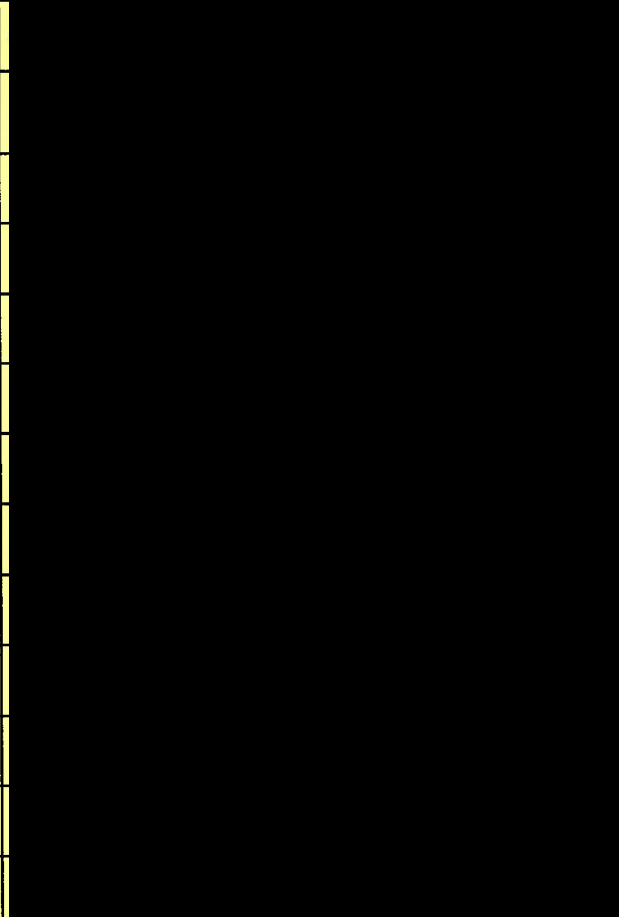
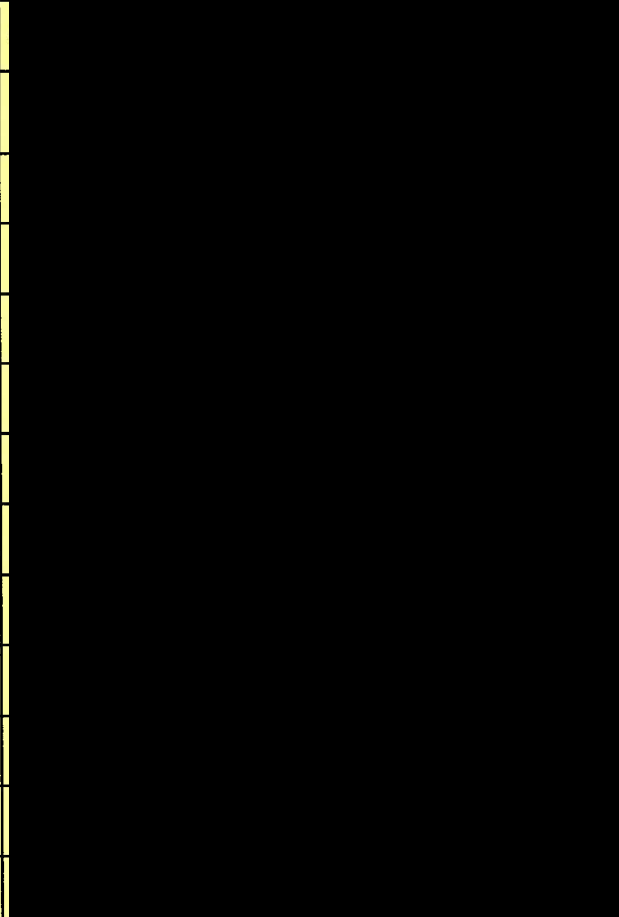
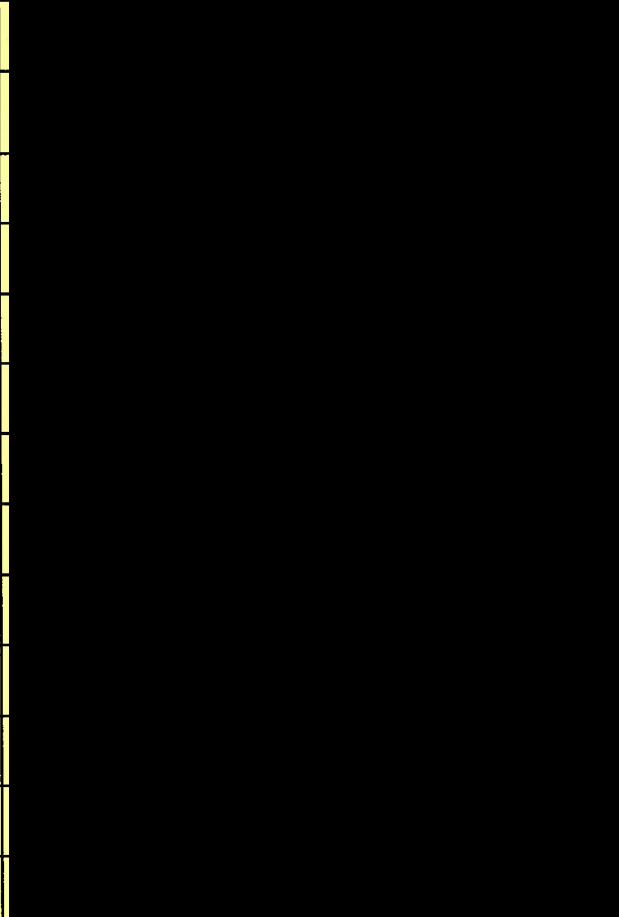
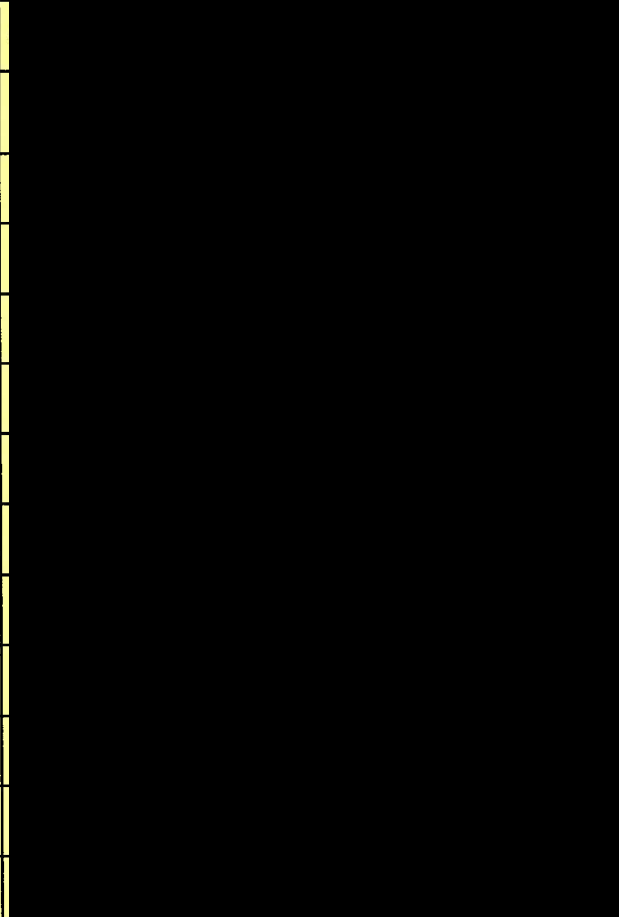
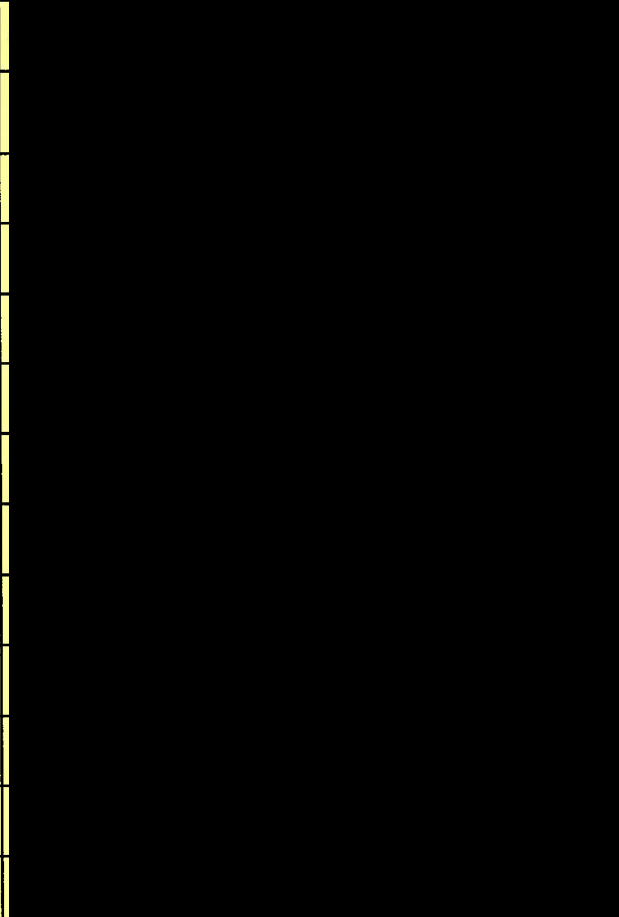
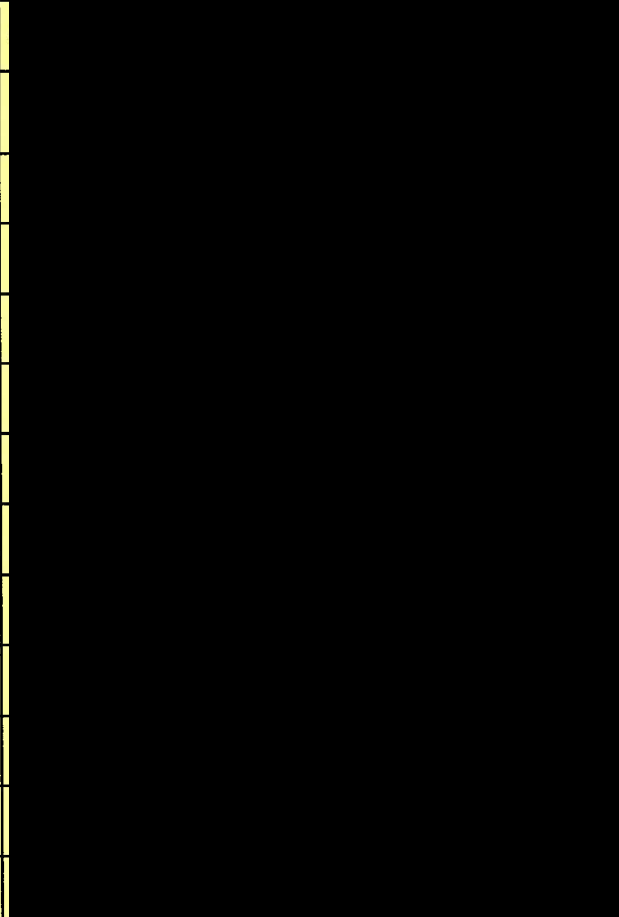
Committee HHS

Hearing Date: 2/7/24

LB/LR # 857

Page: _____

This form is intended for those present at the public hearing to indicate their support or opposition without publicly testifying.
It will appear in the official records of the committee.

| Name (please print) | Address | Support | Oppose | Neutral | | | | | | | | | | | | |
|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| Heartland Family Service |  | X | | | | | | | | | | | | | | |
| | |  | | | | | | | | | | | | | | |
| | | |  | | | | | | | | | | | | | |
| | | | |  | | | | | | | | | | | | |
| | | | | |  | | | | | | | | | | | |
| | | | | | |  | | | | | | | | | | |
| | | | | | | |  | | | | | | | | | |
| | | | | | | | |  | | | | | | | | |
| | | | | | | | | |  | | | | | | | |
| | | | | | | | | | |  | | | | | | |
| | | | | | | | | | | |  | | | | | |
| | | | | | | | | | | | |  | | | | |
| | | | | | | | | | | | | |  | | | |
| | | | | | | | | | | | | | |  | | |