EXHIBIT 5
DATE 2-11-09
HB 2

HOUSE OF REPRESENTATIVES

APPROPRIATIONS SUBCOMMITTE
Public Health and Human Services

WITNESS STATEMENT

PLEASE PRINT

NAME Elaine Ryan **BUDGET** Public Health & Safety Div.

ADDRESS 702 S. 6th St. W. Missoula Mt 59801 **DATE** 2-11/09

WHOM DO YOU REPRESENT? MT CITIZENS

SUPPORT: (circled) **OPPOSE** **AMEND**

COMMENTS:

Testifying for Diabetes + Heart Disease Prevention Program

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