EXHIBIT 7
DATE 2-11-09
HB 2

HOUSE OF REPRESENTATIVES

~~APPROPRIATIONS~~ SUBCOMMITTE
Public Health and Human Services

WITNESS STATEMENT

PLEASE PRINT

NAME Nicholas Okon D.O. **BUDGET** _____

ADDRESS 947 O'Malley Billings, MT **DATE** 2/11/09

WHOM DO YOU REPRESENT? Public Testimony / Montana Citizens

SUPPORT: X **OPPOSE** _____ **AMEND** _____

COMMENTS:

Providing public testimony supporting continued funding of the Montana Stroke Initiative's Telestroke Project.

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