## WITNESS REGISTRATION

Committee Name:_	HREV	
ے،ublic Hearing on:_	HB 2612	Date: 3/8/2011
Please register if you wish t	o testify on the above named measure/issue.	Please print legibly.

Name and Organization <u>or</u> County of Residence	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
PLEASE PRINT LEGIBLY		Yes No		For	Against	Neutral	Yes	No
Unda Navarro Orcyn Bankus Assov	1		r	V				
Committee Services							Revise	ed 04/04

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PLEASE PRINT LEGIBLY	(Optional)	Yes	No	For	Against	Neutral	Yes	No
Tinda Navarro Ovcyn Banurs Assov			V	~				-