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ayon State Legislature		WITNESS REGISTRATION							
Committee Name:_	House	Committee	Q6	Ver en e	-				
Public Hearing on:	HB	2510		Date: 5-15-2.013	-				

Please register if you wish to testify on the above named measure/issue. **Please print legibly.** 

Name and Organization <u>or</u> County of Residence	Phone # (Optional)	Do you li than 10 from mee locat	0 miles this ting	Position			Are you submitting written testimony?	
PLEASE PRINT LEGIBLY		Yes	No	For	Against	Neutral	Yes	No
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Revised 04/04