WITNESS REGISTRATION

Committee Name: Smate General Govt, Consumer, & Sm. Bus I

Public Hearing on:

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 PLEASE PRINT LEGIBLY	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
		Yes	No	For	Against	Neutral	Yes	No
PLEASE PRINT LEGIBLY AHRON KNOTT AG/DOJ			\ \/	~			X	
AG/DOJ			Х	<u> </u>			11	