WITNESS REGISTRATION

Committee Name:	or control 199	a 80	VIRTH	ment		
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Please register if you wish to testify on the above named measure/issue. Please print legibly.

Public Hearing on: HB 2437

Date:___

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
Vincent Martinez		×		×	=	6 =	X	
Jell B-550nnelle CB		-	X			Ţ.		X
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