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WITNESS REGISTRATION

Committee Name: House	ta + Nat Resour	1ccs			
Public Hearing on: 18 24	32	Date:	$\frac{2}{5}$	115	
Please register if you wish to testify	on the above-named measure/issu	ie. <u>Please</u>	print	<u>legibl</u>	<u>v</u> .
Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
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