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WITNESS REGISTRATION

Committee Name: _	House	Ag.	4 Nat.	Reso	LICCE	9
Public Hearing on:	HB 2	184			Date:_	3/3/15
Please register if you	u wish to testify	on the ab	ove-named mea	sure/issue	. <u>Please</u>	print legibly.
Nama		Organ	nization or Cou	nty of	Check if you	Dosition on Mossuro

Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
		tins meeting.	For	Against	Neutral
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