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WITNESS REGISTRATION

Committee Name: _	House	<u>committee</u>	on	Vets	and	Emergency Pre P			
Public Hearing on:						Date: 3/17/15			
Please register if you wish to testify on the above-named measure/issue. Please print legibly.									

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