PUBLIC RECORD: This form, your verbal testimony, and materials you distribute will be posted on the Internet and accessible to the public.

WITNESS REGISTRATION

| Committee Name: | House Human | Services & | Hoosing | | | | | |
|--|-------------|------------|---------------|--|--|--|--|--|
| Public Hearing on: | HB 2694 | | Date: 3/20/15 | | | | | |
| Please register if you wish to testify on the above-named measure/issue. <i>Please print legibly</i> . | | | | | | | | |

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