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## WITNESS REGISTRATION

Committee Name: _	House Hon	an Services	& Housing	<u> </u>	
	HB 2700		U		3/30/2015
Please register if you	ı wish to testify o	n the above-name	ed measure/issue. <b>F</b>	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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