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WITNESS REGISTRATION

Please register if you	ı wish to testify on the above-named measure/issue.	Please print legibly.
Public Hearing on:	HR 6	Date: 4-6-2015
Committee Name: _	House Rules	

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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