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## WITNESS REGISTRATION

Committee Name: _	House Rules		
Public Hearing on:	HCR 19	Date:_	4-6-2015
Please register if you	ı wish to testify on the above-named measure/issu	e. <i>Pleas</i>	e print legibly.

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