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WITNESS REGISTRATION

Committee Name: _	Senate	Rules					
Public Hearing on:	HCR 4	A	Date: 4/14/15				
Please register if you wish to testify on the above-named measure/issue. <u>Please print legibly</u> .							

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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