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## WITNESS REGISTRATION

Committee Name: _	House	Rules		
Public Hearing on:			Date:_	4-15-2015
Please register if you	ı wish to testify	on the above-named measure/iss	ue. <i>Please</i>	e print legibly.
Name		Organization or County of	Check if you live more	Position on Measure

Residence	live more than 100 miles from this meeting.	Position on Measure		
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