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WITNESS REGISTRATION

Committee Name: _	House	E Rules		
Public Hearing on:	(18)	2790	Da	te: 4-27-2015
Please register if you	ı wish to t	estify on the above-	named measure/issue. <i>Ple</i>	ase print legibly.

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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