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## WITNESS REGISTRATION

Committee Name: Sanate Rules					
Public Hearing on: HCR &A	_ Date:	5/5/15			
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		
		this inceing.	For	Against	Neutral
Pcp. Barbara Switz Warner	No.	,			
					s. —