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WITNESS REGISTRATION

Committee Name: House REVENUE						
Public Hearing on:	R 21		Date:			
Please register if you wish to te				print	<u>legibl</u>	<u>v</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
RALPH GROEN	ER AG	SCME		X		
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