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WITNESS REGISTRATION

Committee Name: HTED	
Public Hearing on: 5B 943	Date: 5-15-15

Please register if you wish to testify on the above-named measure/issue. Please print legibly.

	Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Positi	on on Measure	
			this meeting.	For	Against	Neutral
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