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Committee Name	WITNESS REGISTRATION		
Committee Name: _ Public Hearing on:	HB 251010 A	Date:	10-1-15
i done ironing on.		Date	

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		
			For	Against	Neutral
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