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WITNESS REGISTRATION								
Committee Name: _	HOUSE REVENUE		······					
Public Hearing on: _	SB 254	Date:	6-1-2015					

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
Lisp Harrison	ODA				
Jason Barber	ODA	Although Street			
	5 V .				
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CS001 (rev. 6/2014)