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WITNESS REGISTRATION

Committee Name: _	SE	NR		
Public Hearing on:	HB	2785A	Date:_	5/11/17
Please register if you	u wish to tes	tify on the above-named me	easure/issue. <i>Pleas</i> e	e print legibly.

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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