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WITNESS REGISTRATION

Committee Name:	4SE. REVENUE		
Public Hearing on:	SB 29	Date:	5-90-17
Please register if you wi	sh to testify on the above-named mea	asure/issue. <i>Please</i>	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
VEFF HENDERSON	DEPT OF PEVENUE		X		
	iii.				