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## WITNESS REGISTRATION

| Committee Name:        | HSE. REVENUE                           |                              |                |
|------------------------|--|------------------------------|----------------|
| Public Hearing on: _   | 58 32                                  | Date:                        | 5-90-17        |
| Please register if you | wish to testify on the above-named mea | asure/issue. <i>Please</i> 1 | print legibly. |

| Name  PRINT LEGIBLY | Organization or County of Residence | Check if you<br>live more<br>than 100<br>miles from<br>this meeting. | Position on Measure |         |         |
|---------------------|-------------------------------------|--|---------------------|---------|---------|
|                     |                                     |  | For                 | Against | Neutral |
| VEFF HENDERSON      | DEPT OF REVENUE                     |  | X                   |         |         |
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