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WITNESS REGISTRATION

Committee Name: _	HSE. REVENUE	
Public Hearing on: _	SB 311A	Date: 5-10-17

Please register if you wish to testify on the above-named measure/issue. Please print legibly.

	Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
			tins inceting.	For	Against	Neutral
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