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WITNESS REGISTRATION

| Please register if vou | wish to testify on the above-named measure/issue. | Pleas | e print legibly. |
|------------------------|---|----------|------------------|
| Public Hearing on: | HB 2730A | _ Date:_ | 5/24/17 |
| Committee Name: _ | SENR | | |

| Name PRINT LEGIBLY | Organization or County of Residence | Check if you live more than 100 miles from this meeting. | Position on Measure | | |
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