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WITNESS REGISTRATION

Committee Name: House Committee on	Rules				
Public Hearing on: 5CR 17 A	Date: 6-14-2017				
Please register if you wish to testify on the above-named measure/issue. <u>Please print legibly</u> .					

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