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WITNESS REGISTRATION

Committee Name: _	House	Education		
Public Hearing on:	HCR	18	Date:_	2/13/2017
Please register if you	a wish to te	stify on the above-named measure/issue.	<u>Please</u>	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
				1	