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WITNESS REGISTRATION

| Committee Name: | Senate Committee or | France: Revenue |
|--------------------|---------------------|-----------------|
| Public Hearing on: | | Date: 2/15/17 |
| | | |

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

| 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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WITNESS REGISTRATION

| Committee Name: | Senate Committee or | n Finance : Levenue |
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| Public Hearing on: | | Date: 2/15/17 |
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