PUBLIC RECORD: This form, your verbal testimony, and materials you distribute will be posted on the Internet and accessible to the public.

WITNESS REGISTRATION

| Committee Name: | Ha | se Juc | diciary | | W 0 I |
|--------------------|----|--------|----------|--------|---------|
| Public Hearing on: | HB | 2113 | <u> </u> | Date:_ | 2/20/17 |
| | | | | | |

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 | | |
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| | | | For | Against | Neutral |
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