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WITNESS REGISTRATION

Committee Name: _	HSE.	REVENUE	
Public Hearing on: _	\mathcal{HB}	4080	Date: 2-6-2018
Please register if you wish to testify on the above-named measure/issue. Please print legibly.			

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