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WITNESS REGISTRATION

Please register if vo	ou wish to test	ify on the above-nan	ned mea	sure/issue. <i>Pleas</i>	e print legibly.
Public Hearing on:	HCR	213		Date:_	2-13-2018
Committee Name:	House	Committee	ON		

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