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## WITNESS REGISTRATION

Committee Name: _	Senate	Com	nittee	on R	ules					
Public Hearing on:	SCR	205		Date	e: $\frac{2}{20}$	8				
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		
			For	Against	Neutral
		-			
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