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: _ | House | 2 (| 20mmittee | on | Rules | |
|--------------------|-------|-----|-----------|----|-------|------------|
| Public Hearing on: | SCR | 201 | | | Date: | 02-27-2018 |

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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