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WITNESS REGISTRATION

WIINESS REGISTRATION					
Committee Name: House	Judiciary				Indicat
Public Hearing on: HB 2		Date:			Length of Testimon
Please register if you wish to testify on the above-named measure/issue. <u>Please print legibly</u> . 3 - 5 Minute Pleas					
Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
			For	Against No	eutral
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