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WITNESS REGISTRATION

Committee Name: _	Hi	LET			
Public Hearing on:	HB	2195		Date: 2/19/19	
Please register if you	u wish t	o testify on the ab	oove-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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