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 | Revenue | | | | | |
|--|-------|---------|--------|-----|-------|------|--|
| Public Hearing on: | _HB | 3436 | Date:_ | May | 21, 1 | 2019 | |
| 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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WITNESS REGISTRATION

| Committee Name: House F | levenue | | | | | | |
|-----------------------------------|---------------------------------------|--|---------------------|----------|------------|--|--|
| Public Hearing on: 13 | A36 | Date: May 21, 2019 | | | | | |
| Please register if you wish to te | stify on the above-named measure/issu | ie. <u>Please</u> | print | t legibl | <u>v</u> . | | |
| 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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