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WITNESS REGISTRATION

Committee Name: _	HBH.	
		Date: 82/06/2020
Please register if vo	u 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
Keun Fitts					