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WITNESS REGISTRATION

| Committee Name: | Der | rate | Education | | |
|--------------------|-----|------|-----------|----------------|---|
| Public Hearing on: | SB | 1566 | | Date: 2/8/2016 | 2 |

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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