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WITNESS REGISTRATION

Committee Name: HNR

Public Hearing on: SB 593 Date: _____

Please register if you wish to testify on the above-named measure/issue. **Please print legibly.**

| Name <i>PRINT LEGIBLY</i> | Organization or County of Residence | Check if you live more than 100 miles from this meeting. | Position on Measure | | |
|------------------------------|-------------------------------------|--|---------------------|---------|---------|
| | | | For | Against | Neutral |
| <i>[Signature]</i> | | | | | |
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