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Bill Number: \_\_\_\_\_

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Does member wish to TESTIFY?                      YES                      NO

Is this a REVISION?                                      YES                      NO

*If yes, please provide original amendment number: \_\_\_\_\_*

*Make sure the following requirements have been met:*

- Thirty (30) copies of amendment
- One (1) short description of amendment [1-2 sentences]
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