



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1066</b>		DATE: <b>2/28/2023</b>
COMMITTEE: <b>Professional Registration and Licensing</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>arniedienoff@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/28/2023 11:42 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I am in Support of this Bill. The Bill makes sense to make the changes of definitions and use of Ink and tools.



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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>ASHLEY LAWSON</b>		PHONE NUMBER: <b>314-705-6342</b>	
BUSINESS/ORGANIZATION NAME: <b>INK'd CLASSI/PURGATORY TATTOO</b>		TITLE:	
ADDRESS: <b>1100 SOUTH BROADWAY</b>			
CITY: <b>OAK GROVE</b>		STATE: <b>MO</b>	ZIP: <b>64011</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/28/2023 12:00 AM</b>	
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WITNESS NAME: <b>ASHLEY LAWSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME: <b>ONYX AESTHETICS</b>		TITLE:
ADDRESS: <b>1515 E. HIGH ST.</b>		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>
		ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/28/2023 12:00 AM</b>
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<b>WITNESS NAME</b>		
<b>BUSINESS/ORGANIZATION:</b>		
WITNESS NAME: <b>ASHLEY LAWSON</b>		PHONE NUMBER: <b>314-705-6342</b>
BUSINESS/ORGANIZATION NAME: <b>THE VAULT PMU &amp; TRAINING COMPANY</b>		TITLE:
ADDRESS: <b>511 S. MAIN AVE.</b>		
CITY: <b>REPUBLIC</b>		STATE: <b>MO</b>
		ZIP: <b>65738</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/28/2023 12:00 AM</b>
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WITNESS NAME: <b>ASHLEY LAWSON</b>		PHONE NUMBER: <b>314-705-6342</b>	
BUSINESS/ORGANIZATION NAME: <b>FLAWLESS PERMANENT COSMETICS</b>		TITLE:	
ADDRESS: <b>2315 TECHNOLOGY DR. STE 121</b>			
CITY: <b>O'FALLON</b>		STATE: <b>MO</b>	ZIP: <b>63368</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/28/2023 12:00 AM</b>	
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