



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2322		DATE: 1/23/2024
COMMITTEE: Professional Registration and Licensing		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 1/23/2024 11:44 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I am in Support of this Bill on its Face. I want to ensure that ALL Testing Procedures are met before granting a full License.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: DONALD OTTO		PHONE NUMBER: 573-635-1861	
BUSINESS/ORGANIZATION NAME: MISSOURI FUNERAL DIRECTORS ASSOCIATION		TITLE: EXECUTIVE DIRECTOR	
ADDRESS: 1757 WOODCLIFT DRIVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/23/2024 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			