

OFFICE OF ADMINISTRATIVE HEARINGS
Department of Commerce & Consumer Affairs
State of Hawai'i

EXHIBIT LIST

(Name of party)

Name of Case: _____

Case Number: _____ **Date(s) of Hearing:** _____

Exhibit ID*	Description of Exhibit	Received	Withdrawn	Comments

*Petitioner's exhibits shall be identified by numbers.
Respondent's exhibits shall be identified by alphabets.