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WITNESS REGISTRATION

Committee Name: _	Senat	e Workf	35Ce
Public Hearing on:	SB	584	Date: 3/2/15
Please register if you	ı wish to testi	fy on the above-na	amed measure/issue. Please print legibly.

Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
		tins meeting.	For	Against	Neutral
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