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## WITNESS REGISTRATION

Committee Name: _	Sen	ate Judic	iary						
Public Hearing on:	SB	899	Date:	3/16/17					
Please register if you wish to testify on the above-named measure/issue. <u>Please print legibly</u> .									

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