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WITNESS REGISTRATION

Committee Name: Human Services &	Housing
Public Hearing on: HB 3273	Date: 4 6 7
Please register if you wish to testify on the above-named meas	ure/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		
	this neeting.		For	Against	Neutral
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