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WITNESS REGISTRATION

Committee Name: Senate Work Force					
		Date: 5/3/2017			
Please register if you wish to testify	on the above-named measure/issu	e. <u>Please</u>	print	<u>legibl</u>	v.
Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
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