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## WITNESS REGISTRATION

Committee Name: _	Hous	se Ji	idic	iany			
Public Hearing on:	SB	762	A	)	Date:_	5/0	417
Please register if you wish to testify on the above-named measure/issue. Please print legibly.							

Check if you **Position on Measure** Organization or County of Name live more Residence than 100 miles from PRINT LEGIBLY this meeting. For Against Neutral OSA 05A OSA