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WITNESS REGISTRATION

Committee Name:	Senate Judio	iary	_
Public Hearing on: _	SB 4D	Date:	
Please register if you	wish to testify 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		
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