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WITNESS REGISTRATION

Committee Name: _	Senate Judiz	iary					
Public Hearing on:	SB 15	Date: 2/8/17					
Please register if you wish to testify on the above-named 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		
			For	Against	Neutral
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Phologona		,			
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