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WITNESS REGISTRATION

Committee Name: _	Senate	Committee	on	Human	Services
Public Hearing on:	on:SB1525			Date:	2/6/2018
Please register if you	wish to testify on	the above-named me	asure/i	issue. <u>Please</u>	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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