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WITNESS REGISTRATION

Committee Name: _	Senate Commit	enate Committee on Human Services Date: 1-31-2019				
Public Hearing on: _	SB 175	Date: 1-31-2019				
Please register if you	wish to testify on the above-name	med 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		
		Ü	For /	Against	Neutral
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