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## WITNESS REGISTRATION

Committee Name: SEN R					_
Public Hearing on: SB 50	Date:_	01	311	2019	
Please register if you wish to testify on the above-named measure/issu	e. <i>Please</i>	pri	nt le	gibly.	

Name  PRINT LEGIBLY	Organization or County of Residence Check if you live more than 100 miles from this most in this most in this most in the most		Position on Measure			
		this meeting.	For	Against	Neutral	
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