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## WITNESS REGISTRATION

Committee Name:	Senate Human	Services
Public Hearing on:	SB 833	Date: <u>2-24-19</u>
Please register if you wisl	h to testify on the above-named measure/i	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
Mory Sofia	OCOLA				X
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