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WITNESS REGISTRATION

Committee Name: _	Senate Human	Services	
Public Hearing on:	SB 707	Date: 3-5-19	_

Please register if you wish to testify on the above-named measure/issue. <u>Please print legibly</u>.

Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 mlles from this meeting.	Position on Measure		
		ting mooting.	For	Against	Neutral
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