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## WITNESS REGISTRATION

Committee Name:	Sinate	Human	Services						
Public Hearing on: _	SB 195		Date:_	3-14-19					
Please register if you wish to testify on the above-named 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		
			For	Against	Neutral
				-	
				-	