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## WITNESS REGISTRATION

| Committee Name: SENR  |                                  |
|---|----------------------------------|
| Public Hearing on: <u>SB45</u>                                | Date: 04/04/2019                 |
| Please register if you wish to testify on the above-named mea | esure/issue Please print legibly |

| Name PRINT LEGIBLY           | Organization or County of Residence | Check if you<br>live more<br>than 100<br>miles from | Position on Measure |         |         |
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|                              |                                     | this meeting.                                       | For                 | Against | Neutral |
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