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WITNESS REGISTRATION

Committee Name: _	Senate Workforce				
Public Hearing on:	116	3120) A	Date:	4-70
Please register if you	ı wish to testi	ify on the above	-named measur	e/issue. <i>Please p</i>	orint 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
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