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WITNESS REGISTRATION

Committee Name: _	Senate	Human	Services	
Public Hearing on:	HB 3394	A	Date:_	5/2/19
Please register if you	u wish to testify on the ab	ove-named meas	sure/issue. <i>Please</i>	e 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
				-	
			-		