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## WITNESS REGISTRATION

Committee Name: _	SE	NR						
Public Hearing on:	HB	2835	A		_ Date:_	05	107	2019
Please register if you	ı wish to	testify on th	ne above-na	med measure/issue.	Pleas	e prin	t legi	bly.

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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