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WITNESS REGISTRATION

Committee Name:					
Public Hearing on: SB	438	Date:	5-22-	19	
Please register if you wish to testify	on the above-named measure/issu	ie. <u>Please</u>	print	<u>legibl</u>	<u>v</u> .
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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