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WITNESS REGISTRATION

Committee Name: <u>Sen</u>	ate Judic	iary	
Public Hearing on:SB	985		Date: 4/8/19
Please register if you wish to	testify on the above-na	amed measure/issue.	Please 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
			1		
				-	