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WITNESS REGISTRATION

Committee Name: _	SFR					
		Date: 5/28/19				
Please register if you wish to testify on the above-named measure/issue. <u>Please print legibly</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
TaylorSteanblack	Multhoman County		X		