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WITNESS REGISTRATION

Committee Name: SENATE HUMAN SERVICES					
Public Hearing on: $SB / 5 / 8$ Date: $2/5/2020$					
Please register if you wish to testify on the above-named 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
4					
-					
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