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WITNESS REGISTRATION

Committee Name: House Committee ON Human Services and Housing

Public Hearing on: SB 490 A Date: _____

Please register if you wish to testify on the above-named measure/issue. **Please print legibly.**

Name <i>PRINT LEGIBLY</i>	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
			For	Against	Neutral
Caroline Sweatengin	SD 8 Douglas Co.	X	X		
Sam Gelser	SD 8				