

**NORTHERN CALIFORNIA WORLD SERVICE AREA**

**MOTION FORM**

**NAME OF ORIGINATOR:**

**DATE:**

**NAME OF SECOND:**

**MATTER UNDER CONSIDERATION:**

**WORDING OF SPECIFIC MOTION TO BE MADE:**

<p><b>for recorder</b> <b>NCWSC or NCWSA determination:</b></p> <p><b>YES</b></p> <p><b>NO</b></p> <p><b>ABSTAINING</b></p>
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