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| Приложение 2 |
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**С П И С О К**

**неработающих пенсионеров** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(наименование организации)

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| № п/п | Фамилия, имя, отчество |
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Председатель совета ветеранов \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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( наименование организации ) ( подпись )

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