**FORMULÁRIO DE RECOMENDAÇÃO 2**

NOME:

Você é um Supremo/Supremo Deputado Assistente? SIM NÃO

ENDEREÇO:

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NOME DA CANDIDATA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HÁ QUANTO TEMPO VOCÊ CONHECE A CANDIDATA?

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COMO VOCÊ CONHECEU A CANDIDATA?

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PORQUE ACREDITA QUE ESTA MULHER É TÃO NOTAVEL PARA MERECER ESTA HONRARIA?

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**NOME E CARGO**