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| DECLARAÇÃO DE BENS ÓRGÃO: HEMOAMSERVIDOR:CARGO:  |  | | --- | |  | |  | |  | |  | |  | |  | |  |   Manaus, \_\_\_\_ de \_\_\_\_\_\_\_\_\_ de \_\_\_\_\_\_\_.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Assinatura do Declarante |