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附件2

　　证明事项取消清单

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| **事项****序号** | **行政审批或公共服务事项名称** | **证明材料序号** | **证明材料****名称** | **出具单位** | **取消后****办理方式** | **备注** |
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填报单位（公章）：           主要负责人（签字）：

联系人及联系方式：                           年       月      日