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| 基层法律服务所名称：XXXXXXX 联系电话：XXXXXXXXX | | | | | |
| 地址：XXXXXXXX | | | 服务所正门照片 | | |
| 序号 | 工作者姓名 | 二寸彩色照片 | 性别 | 联系  电话 | 擅长  业务 |
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