ABRAMS FRANK (Initial) KENDRICK (City or post office)	ALNEYS OSCAR C NEW PROPERTY
(Mail address, number and street, R. F. D., box number, etc.) LATAH TOAHO (State)  O NOT WRITE HEAD	(Mail address, number and street, R. F. D., box number, etc.)  (County)  (State)
Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.	Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.
Print First Name, MIDDLE INITIAL, LAST NAME OF each PERSON DATE OF BIRTH TO RECEIVE RATION BOOK  A D R AS D R 1919	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK  DATE OF BIETH Month Year Blank
LEASEL E. ABRAMS OCT. 1919	AMES - ALKEN 4 1928 6
ADEN NIS P. ABRAMS NOV. 1941 8	4
The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.	The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.
May 25/1943 Leave Of applicant or authorized agent) 16-33916-1	8/28/43. Of Cole Con Sallaro  (Date) (Signature of applicant or authorized agent) 16-33916-1

Ameling Tiddie Kendric (Last name of head of family) (First name) (Initial) (City or post office) Idaho (Mail address, number and street, R. F. D., box number, etc.) (County) DO NOT WHITE HERE Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below. DATE OF BIRTH Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON Leave Blank TO RECEIVE RATION BOOK Month Venr Liddie Ameling IF MORE SPACE IS NEEDED USE BACK OF CARD The person signing this application certifies to OPA

697819 DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 2, 1943 Mell & Crocker (for Liddie Amelina (Date) (Date)

Amelina	Telma	Z	indrich
(Last name of head of family)	(First name)	(Initial) (C	ity or post office)
(Mail address, number and street, R. F. D., be	ox number, etc.) (County)	- 6	Fishs (State)
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392879 <b>DX</b>	The person signing this that he has authority to d it are true. A false certific	s application	a certifies to OPA at all statements in iminal offense.
7-12-44	(Signature of applicant of	or authorized a	gent)
(Date)	(Signature of applicant of	A distribution of	16-33916-1

	Tattel County	7	PENDI	LCG
(Last name of head of family)	(First name)	(Initial)	(City or post of	fice)
ANDERSEN (Mail address, number and street, R. F. D., bo	THERESA (County)		1DAI (State)	to
Print below full name and date of bapplication. If person listed above receive a book at this address, repeat	as head of family is eligible to	06	023	
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4				
697921 <b>DU</b>	The person signing this that he has authority to do it are true. A false certific	so and th	at all stateme	nts in.
(Date)	(Signature of applicant o	r authorized	agent) 16—	33916-1

Armitage	Ross	18.	Kend	rick
(Last name of head of family)	(First name)	(Initial)	(City or post of	office)
(Mail address, number and street, R. F. D., bo	x number, etc.) 4272 /	,	142 F	0
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	irth of each person included in this as head of family is eligible t	S	O I 3	a Dy
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1 ROSSID.	Aymitage	oct.	1910	0
2 INEZ JAY	mitaget	June	1917	1
3 Toyce A. Ax	mitage	Jan.	1937	2
4 Vimmie 4. Ar	mitage	June	1938	3
698006 <b>DU</b> *** MOR	The person signing the that he has authority to it are true. A false certification of the control of the contro	is applicati	hat all stateme	ents in
June 8	Goss (Signature of applicant	or authorized	rmul	tage

GANETT CHATIS	2 K	ENA	DAJEK
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Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.	100	7 2 3	Dy
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3 MAYNE, L. AONETT	5	1927	4
4 POMNA & MAANETT	57	1724	1.2.
The person signing this that he has authority to dat are true. A false certific	o so and tha	it all stateme	ents in
-24-43 Centri & C	An	utt	
(Signature of applicant o	authorized a	gent) 16-3	33916-1

BABCOCK WILBER (Clast name of head of family) (Pirot name)	O KENDRIGK
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Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.  Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON	11000
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3	
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(Signature of applicant or authorized agent) 16—83916-1

16-88916-1

BAKER (Lest name of head of family)	JAMES (First name)	B	KEN DI	PICIT
RENDRICK (Mail address, number and street, R. F. D.	Tatal		1DA t	t O
Print below full name and date of	birth of each person included in this e as head of family is eligible to at that name on the first line below.		O 2 3	
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L		ke	and the first team of the contract of the cont	
(Date)	(Signature of applicant	or authoriz	ed agent) 10-	-33916-1

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DATE O	P DIRTH	Leav
Department of the last of	1890	9
	and and an annual	1
		The same of the sa

# 16-33916-1 GPO

USE LINES BELOW FOR ADDITIONAL NAMES.	FILL ALL LINES ON OTHER SIDE FIRST	
THE LINES BELOW FUR ADDITIONAL THE		

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IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION FOR PERSONS NOT INCLUDED IN THIS ONE

## USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

Print first name, meddle instial, last name of each person	o mend	P BIRTH	Leave
NOT LISTED ON OTHER SIDE	Month	Year	Blank
FRED. A. ARNETT	5	1930	6
ofloyD.A.ARNETT	4	1933	7
ZARRY. Z. ARNETT	12	1938	18
8			
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IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION FOR PERSONS NOT INCLUDED IN THIS ONE

Barclas.	Harry.	E Send	rich
(Last name of head of family)	(First name)	(Initial) (City or post off	ice)
Bx 1:			
(Mail address, number and street, R. F. D., box	number, etc.) (County)	(State)	
Print below full name and date of birt application. If person listed above a receive a book at this address, repeat the	s head of family is eligible	to all all a	Day
Print first name, middle initial, to receive ratio		Month Year	Leave // Blank
1 Harry, E. F.	Barclay.	Jan 4 1887	6
2 Laurel, G. A	Barclay,	Sept 1892	7
3			
4			
698029 <b>DU</b> IF MORE	that he has authority to	this application certifies to do so and that all statem ification is a criminal offen	ents in
24-43 Al	urry, E.	Darcea	7:
(Date)	(Signature of applican	16	r3916-1

BARTLETT LAI	INENCE (First name)	(Initial)	KEN (City or post	Daig
	LATA (County)	h	I DA J	LA
(Mail address, number and street, R. F. D., box number, et  Print below full name and date of birth of each application. If person listed above as head of receive a book at this address, repeat that name	person included in this		9 2 9	
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BATTLETT, LAUA BAITLETT, POSE	RIVCE A.	Cen	9.189	3 3
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697891

(Date) 43

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Mrs L.A. Bartlett

(Signature of applicant or authorized agent)

Benscobe	TI	1 277 K	1.	KETTE	dric
(Last name of head of family	y)	(First name)	(Initial)	(City or post of	office)
(Mail address, number and street, R	F.D., box numb	t Latah		Ida/	0
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Print FIRST NAME, MIDDLE TO REC	E INITIAL, LAST EIVE RATION BOO		Month	OF BIRTH Year	Leave Blank
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697915 <b>DU</b>		The person signing this that he has authority to do it are true. A false certific	so and th	hat all stateme	ents in
June 6	mrs	Sow Be	m	scol	ez
(Date)		(Signature of applicant of	r authorized	l agent)	33916-1

Benscoten	Hanry	5,	Kenda	ick		
(Last name of head of family)	(First name)	(Initial)	(City or post offic	ce)		
RIS			Idol	in		
(Mail address, number and street, R. F. D., box no	umber, etc.) (Co	unty)	(State)			
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Print first name, middle initial, L. To beceive ration		Month Month		Leave Blank		
1 Harry S	BENSCOT	er 1	1894	4		
2 ELL av	BeHSCOT	er /p	1898	2		
3 Pobent	SBENSCO	Ter	1 1927	4		
1 Pichard	L BRNSCO	Ter /	1927			
The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.  (Signature of applicant or authorized agent)  (Signature of applicant or authorized agent)  16-33916-1						
(Date)	(Signature of ap	phoant of authorized	16-3	3916-1		

	BE77 5 C of ER WALTER PENDRICK (City or post office)
1	(Last name of head of family) (First name) (Initial) (City or post office)
	T 1 1 th T 1 h
	(Mail address, number and street, R. F. D., box number, etc.) (County) (State)
-	
	Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.
	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON DATE OF BIRTH Leave Blank TO RECEIVE RATION BOOK Month Year
1	Judith 4 BENSCOTER aug 14 1944
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	3
	IF MORE SPACE IS NEEDED USE BACK OF CARD
	The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.
	Mas W. Benseoler
	(Signature of applicant or authorized agent) 16—33916-1

Benscoler (Last name of head of family)	Walter	R	Ke no	rick
R.F.D. /	x number, etc.) Latah	1	dah o	
Print below full name and date of bi application. If person listed above receive a book at this address, repeat to	as head of family is eligible to	1 110	3 6 3	Do)
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1 Walter R. E	enscoter	Sep.	1898	0
2 Ullie E. B		July	1909	
3 John S. Bo	in 5 coter	Oct.	1927	2
4 Wilms J. Ba	nscoter	Aug.	1929	3
697935 <b>DU</b>	The person signing thi that he has authority to d it are true. A false certification	s application	at all stateme	nts in
June 5 Mr	1. Walter B	ense	cole	v.
(Date)	(Signature of applicant	or authorized	agent) 16—(	33916-1

Biddison (Last name of head of family)	Charl	(Initial)	Ker			
Box 104	Latah			Idaho		
(Mail address, number and street, R. F. D., box number, etc.) (County)					(State)	
Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.				S -	WRITE HE	
Print first name, kiddle initial, last name of eqch person to requive ration book			Mon	th	BIRTH Year	Leave Blank
1 Charles A. Biddis	on		May		1889	0
2 Clara Biddison			Nov	0	1888	1
Ruth G. Biddison				0	1926	2
4						1
The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.						

6/8/43

Charles (f. Biddle (Signature of applicant or authorized agent)

nt) 16-33916-1

Big/HA2m	WALTER (First name)	(Initial) KE	h daie
(Mail address, number and street, R. F. D., bo	x number, etc.) I ATA/	THE RESERVE AND ADDRESS OF THE PARTY OF THE	AHO
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697914 DU IF MOI	The person signing the that he has authority to dit are true. A false certifi	is application certi	
001011	VALITER	Big	HAM

(Signature of applicant or authorized (spint) 16-33916-1

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(Mail address, number and	otreet B	P.D.		LAT	ra t	/(Initia	IJe	1 4	H	(Ilco)
Control of the last of the las		-	Principal Contract	((	ounty)			(S	tate)	
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(Date)			(S	ignature of	applicant	or autho	rized as	ent)	16-8	3916-1

## USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

Print first name, middle instial, last name of each derson	DATE OF	P BERTH	Leave
NOT LISTED ON OTHER SIDE	Month	Year	Blank
Mary B. Benscoter	007.	1930	4
6 Betty J. Benscoter	ituly	1931	5
7 Priscille M. Bon scoter	Jan.	1935	6
8 Nile C. Bentcoler	Mor	1939	7
Dorthy D. Benscoter .	Aug	1942	8
10	0		
11			
12			

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION FOR PERSONS NOT INCLUDED IN THIS ONE

Blewett	Richard	L Kendrick
(Last name of head of family)	(First name)	(Initial) (City or post office)
	Latar	
(Mail address, number and street, R. F. D., bo	ox number, etc.) (County)	(State)
Print below full name and date of b application. If person listed above receive a book at this address, repeat	as head of family is eligible to	
Print first name, middle initial to receive rat		Month Year Blank
1 Richard L BL	ewett	Sept. 3 1903 4
2 Esther M. BL	ewett	Oct 25 1920 5
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697789 <b>DU</b>	The person signing the that he has authority to cit are true. A false certification	is application certifies to OPA do so and that all statements in ication is a criminal offense.
June 10 43 6	2 L. Blew	ett
(Date)	(Signature of applicant	or authorized agent) 16—33916—1

B lankenship	minno	L	endres	of
(Last name of head of family)	(First name)	(Initial)	City or post office)	0
(Mail address, number and street, R. F. D., b	ox number, etc.) (County)		Dag a o	
Print below full name and date of b application. If person listed above receive a book at this address, repeat	as head of family is eligible to	A (A)	OT WRITE HERE	ple
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БООТТОВИ	The person signing thi		n certifies to OPA	

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The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

(Signature of applicant or authorized agent)

DLANKEN SHIP	Minnie (First name)	(Initial)	EN DY (City or post)	( C)
(Mail address, number and street, R. F. D., bo	v number, etc.) LATAH		DAt	10
Print below full name and date of bis application. If person listed above a receive a book at this address, repeat to	rth of each person included in this		NOT WRITE HER	in S
Print first name, middle initial, to receive ratio	ON BOOK	Month	OF BIRTH Year	Leave
1 MINNIE BLA 2 3	NKENSHIP	FEB	1895	7
560455 <b>DU</b>	The person signing the that he has authority to it are true. A false certification of the significant that he has authority to the significant that he has authority to the significant that he has a significant that he had a si	is application	hat all statem	ents in
(Date)	(Signature of applicant	or authorized	agent) 16	-33916

Blewett -	Richard -		Kendr	ick
(Last name of head of family)	(First name)	(Initial) (C	ity or post offi	ce)
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Print below full name and date of b application. If person listed above receive a book at this address, repeat	as head of family is eligible to		286	
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RAT		Month O	уеаг Year	Leave Blank
William A	Blewett.	Soft	1913	9
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560662DU	The person signing this that he has authority to dit are true. A false certific	o so and tha	it all stateme	nts in
10/30	M. Ble	we	25	
adaanaga	(Signature of applicant of	i was and the	16-3	3916-1

BONEP CHAS JIVENDA
PFD 5 Box 32 LATAH FDAHO
Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.
Print First NAME, MIDDLE INITIAL, LAST NAME OF GRAP FERSON  TO RECEIVE RATION BOOK  1 CHAS, SOMER  NOV. 1873
2 ANNA BOWER JUL 1890 3 3 CHAS, A. BOWER APR 1920 4
The person signing this application certifies to OPA that he has authority to do so and that all statements in
than 8-43 that I Bower
(Dato) (Signature of applicant or authorized agent) 16-83016-1

A

BRANSCOM (Last name of head of family)	LEON (First name)	V I	KENE	PRIC
KENDRICK (Mail address, number and street, R. F. D., bo	Lath		(City or post	Office)
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· Print first name, hiddle initial to receive rati		Month (	Year Year	Leave
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697947 <b>DU</b>	The person signing this that he has authority to do it are true. A false certific	so and th	at all stateme	ents in
L	non Victor %	Fran	scor	n

(Signature of applicant or authorized agent)

	Brocke	Geo	rpe	FA	Kend	rick
	(Last name of head of family)	(Fire	st name)	((Initial) (C	ity or post offic	(e)
	Mail address, number and etreet, R. F. D., box	+3.	Lata	h I	-dat	4.4.
			The second section is a second	DO NO	OT WRITE BERE	Control of the Contro
	Print below full name and date of bir application. If person listed above a receive a book at this address, repeat t				060	M P
2	Print FIRST NAME, MIDDLE INITIAL,	LAST NAME OF		DATE O	P BIRTH	Leave -
-	TO RECEIVE RATIO	ON BOOK		Month	Year	Dinua
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	5 mma B	rock		Aug.31	1913	-/-
	Course F F	3 rack	e ar.	Aug. 22	1930	3
	Marris Eur	ene L	3 rocke	- 67-1-1-	1931	13
	4 -4 -1 - TE MORI	SPACE IS NEED	ED USE BACK OF CA	RD		OPA
	698084 DU	The	person signing the has authority to rue. A false certi	do so and th	at all statemeriminal offens	ents in
	n	20	4	7.	Bro	che

June 4, 1943 Mrs. Gleorge J. Brocke (Dignature of applicant or authorized agent) 10-33916-1

Brocke (Last name of head of family)	Kenneth (First name)	C	Kendr	i ck
Mail address, number and street, R. F. D., bo			Idaho	)
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	rth of each person included in this as head of family is eligible to that name on the first line below.	23	9 9 3	
Print first name, middle initial to receive rati		Month	THE OF BIRTH	Leave Blank
1 Kenneth E. B	rocke	Ju	1928	5
2 LeRoy David	Brocke	Feb		6
Julia Ann E		Apr	i11943	7
Lucille E. E	Brocke	Oct	. 1918	8
698098 <b>DU</b> 11 MOR	The person signing the that he has authority to contain the first are true. A false certifications	s applica	tion certifies to that all statem a criminal offen	OPA ents in

(Signature of applicant or authorized agent)

16-33916-1

(Date)

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(Last name of head of family)	(First name)	(Initial)	(City or post	
Bot 145 (Mail address, number and street, R. F. D., box number, etc.	La Ta		da H	
Print below full name and date of birth of each application. If person listed above as head of receive a book at this address, repeat that name of	family is eligible to		WHITE HER	D
Print first name, middle initial, last name to receive ration book	OF each PERSON	Month O	Year Year	Leave Blank
1 Walter E. Bro	cke.	July	1911	5
2 Fare. Broc	cke	Dec.	1913	6
3 Patricia F. Broc	cke	nov.	1932	7
4				
CO7061 DU TH	he person signing this he has authority to do to true. A false certific	s application o so and tha	t all stateme	nts in

(Signature of applicant or authorized agent) 16-33916-1

## USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

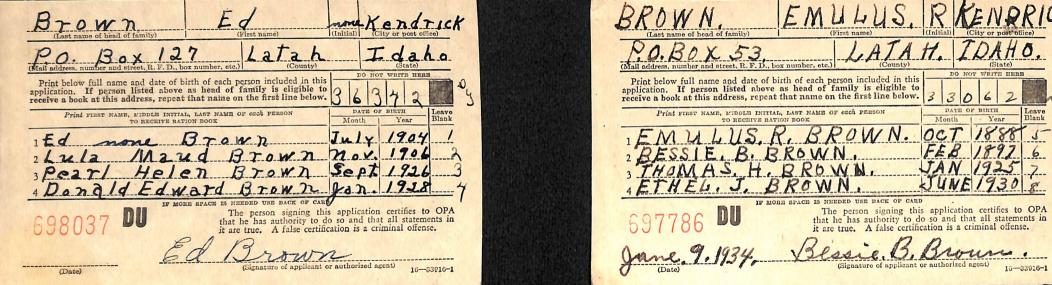
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IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION FOR PERSONS NOT INCLUDED IN THIS ONE

## USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

CHARLES	Print first name, hidden interal, last name of such person	DETER O	P DIRTH	Leave
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20	COMPANIAND AND A DUNG DUNG DANG DANG DANG DANG DANG DANG DANG DA			
11	***************************************			
12				Y

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION FOR PERSONS NOT INCLUDED IN THIS ONE



BurNs	AYL		endr	
(Last name of head of family)	(First name)	(Initial)	City or post o	office)
Rt / Box 3 4 (Mail address, number and street, R. F. D., bo	ox number, etc.)(County	h 1	Idah (State)	20
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	as head of family is eligible	his to	P 3	2
Print first name, middle initial to receive ratio		Month	Year Year	Leave Blank
1 AYL BUYN	5	June 10	1892	0
2 Cora Franc	is BuyNs	Dec. 5	1892	1
3 Robert Arl	BUYNS	Dec. 13	1923	2)
4ELVA JEZN			1927	3
697924 <b>DU</b>	The person signing that he has authority to it are true. A false cer	this application o do so and tha	t all stateme	nts in
June 2, 1943 7.	Mrs. Al. (Signature of applies	July ant or authorized a	ent) 16—	33916-1

Butler	James	R Kendrick
(Last name of head of family	(First name)	(Initial) (City or post office)
	Latah	Ida.
(Mail address, number and street, R	. F. D., box number, etc.) (County)	(State)
Drint below full name and d	late of birth of each person included in thi	DO NOT WRITE HERE
application. If person listed	above as head of family is eligible t, repeat that name on the first line below	0 9 9 9 1
	LE INITIAL, LAST NAME OF each PERSON LEIVE RATION BOOK	Month Year Blank
1 James R.	Butler	MAY 16 1905 3
2 Maude I.		APR. 23 1912 4
3 Davida R.	Butler	MAR. 10 1934 1
4		
697814 <b>DU</b>	that he has authority to	is application certifies to OPA do so and that all statements in ication is a criminal offense.

June 3rd

JAMES R BUTLET

Tyrne	mary (	- 1	end	Man
(Last name of head of family)	(First name)	(Initial)	City or post of	lice)
			Idol	ro
(Mail address, number and street, R. F. D., b	oz number, etc.) (County)		(State)	
Print below full name and date of be application. If person listed above receive a book at this address, repeat	as head of family is eligible to		7 / 6	
Print FIRST NAME, MIDDLE INITIA TO RECEIVE RAT		Month (	Year Year	Leave Blank
Mary CByr	ne	May	1878	9
Arhes E B	vene	hely	1869	70
4 Mary FO	yine !	reeme	er 1909	7/
698003 <b>DU</b>	The person signing this that he has authority to dit are true. A false certific	s application	at all stateme	ents in
(Date)	(Signature of applicant of	or authorized	agent) 16—(	3916-1

CAIN	POE	BERT		WIS	ENde	PICI
(Last name of head of family)	1	First name)		(Initial)	(City or post	office)
1		LAT	At	+	_ 0	HO
(Mail address, number and street, R. F. D., b	ox number, etc.)	(Cour	nty)		(State)	
Print below full name and date of be application. If person listed above receive a book at this address, repeat	as head of f	amily is eligib	le to	/ 2	7 / 7	RID Z
Print first name, MIDDLE INITIA TO RECEIVE RAT		F each PERSON	-	Month	Year	Leave Blank
IROBERT W.	CAIN			SCT.	1883	8
2 AdA LEONA				MARCH	1894	9
3 RITA M. CAII	<b>V</b>		/	MAY	1930	80
4						
697894 <b>DU</b>	The that I	e person signing the has authority true. A false of	g this to do	so and the	at all stateme	ents in
UNE 9 1943	Pol	vert.	u	1.6	lei	N
(Date)		(Signature of appl	licant or	authorized	agent) 16-	33916-1

Callison Ma	rla	K	endric	1
(Last name of head of family)	(First name)	(Initial) (Cit	y or post office)	-
	Youtal	9	dela	T.
(Mail address, number and street, R. F. D., box number, etc.	(County)		(State)	1
and the first of such	seems included in this	DO NOT	WRITE HERE	
Print below full name and date of birth of each application. If person listed above as head of receive a book at this address, repeat that name of the control of the contr	family is eligible to	1 1	3 CE	
Print FIRST NAME, MIDDLE INITIAL, LAST NAME	or each person	DATE OF	1704	
TO RECEIVE RATION BOOK	100	Month	Year Bla	nk
Bokert Marle Ca	llions	Plout	144	
2				
3				
4				
T	he person signing this he has authority to de true. A false certific	s application o so and that cation is a crin	all statements	PA in
и оприментов	(Signature of applicant o	r authorized age	nt) 16-33916	-1

CORRECTED AND ADDRESS OF ADDRESS (D-ta)

CALLISON (Cast name of head of family)	NOR	LA ret name)	BK	ENd /	Rick
RFD#1		LATA H		dAH((State)	THE REAL PROPERTY.
Print below full name and date of bapplication. If person listed above receive a book at this address, repeat	as head of fa	mily is eligible to		P S	
Print first name, middle initia to receive rat		each Person	Month O	F BIRTH Year	Leave Blank
INORLA S.C	ALLI	SON	MAY	1903	1
2MABEL G. C			JAN.	1907	2
3NANCY Lee C	ALLI	SON	Sept.	1936	3
4			<i>a</i>		
697905 <b>DU</b> 19 MO	The that he	person signing this has authority to drue. A false certific	s application o so and the cation is a cr	it all statem	ents in se.
dune 10,43 M	ABE	L G, C.	ALL or authorized a	(cent)	-33916-1

Can dier	Matilda	C	City or post o	rick
(Mall-address, number and street, R. F. D., box  Print below full name and date of bir application. If person listed above a receive a book at this address, repeat t	th of each passes included in the	DO N	Ida/	10
Print PIRST NAME, MIDDLE INITIAL TO RECEIVE RATIO	LAST NAME OF each PERSON N BOOK	101/10	1855	Leave Blank
3				
622885 <b>DU</b>	The person signing this that he has authority to do it are true. A false certific	so and tha	it all statemen	nts in

6/4/x3

Matilda C. Candler

(Signature of applicant or authorized agent)

Print first name, ambdes initial, last name of each person	DATES O	F DIRTH	Lesvo
NOT LISTED ON OTHER SIDE	Mouth	Year	Blank
5 Kathryn May Brown	Aug	1930	1
Kenneth Ray Brown	4	19.30	6
Wielet Matie Brown	Sept.	1932	
8			
9			
10			
11			
12			

	NOT LISTED ON OTHER SIDE	Month	Year	Blank
5	JERRY. L. BROWN.	SER	1934	9
6	***************************************			
7				
8				
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11	***************************************		1	
17				

ISE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST	N. A. S.						
	*********	 	 	 	 	 	

# NOT LISTED ON OTHER SIDE Month

Cann	ALFRED		endri	
(Last name of head of family)	(First name)	(Initial) ((	City or post offi	ice)
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(Mail address, number and street, R. F. D.,	box number, etc.) (County)	1 70 15	(State)	
Print below full name and date of application. If person listed above receive a book at this address, repet	birth of each person included in this e as head of family is eligible to at that name on the first line below.		コマン	
Print first name, middle init to receive r.		Month DATE O	F BIRTH Year	Leave Blank
1 A L F J Ed	CAND	may	1802	2
2 Bertha m	CAND	oct	1904	3
3 Donald I,	ANN	may	1928	<u> </u>
4 May GARET E	CAND	June	19.30	5
697775 DU ""	The person signing the that he has authority to cit are true. A false certification	is application	at all stateme	ents in
Deense 3	Mrs. ALFREd	CA	תת	

(Date) (Signature of applicant or authorized agent)

CARDINAL	LEAH	KEnoRic	K
(Last name of head of family)	(First name)	(Initial) (City or post office)	
(Mail address, number and street, R. F. D., be	LATA	H sidaho	
Print below full name and date of b application. If person listed above receive a book at this address, repeat	irth of each person included in the	is DO NOT WRITE HERM	1
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATE		Month Year Blank	
1 MRS LEAH	CARDINAL	af 1879	
2		Oak of IPro	
3		1079	
4		/	
IF MOI	E BPACE IS NEEDED USE BACK OF CA	RD	
698087 <b>DU</b>	that he has authority to	his application certifies to OPA do so and that all statements in ification is a criminal offense.	
MAY 21.1834/MAR	Leak. Card		
(Date)	(Signature of applican	t or authorized agent) 16-33916-1	

Cargill	John.		Kendr	101
(Last name of head of family)	(First name)	(Initial)	(City or post	office)
	LaTah		Idoh	0
(Mail address, number and street, R. F. D., bo	x number, etc.) (County)		(State)	
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	rth of each person included in this as head of family is eligible to that name on the first line below.	1	3 8 2	in .
Print first name, middle initial to receive ratio		Month	re of Birth	Leave Blank
1 John Corgi	11	Oct.	1859	5
4				
424803 <b>DW</b>	The person signing thi that he has authority to d it are true. A false certification of the control of the cont	s applica	that all statem	ents in
(Date)	(Signature of applicant	or authori	zed agent) 16-	-33916-1

Y

CASTER	FRAUK (First name)	(Initial)	EUDR	ici
(Mail address, number and street, R. F. D., bo	104 LATA	I	DAH (State)	0
Print below full name and date of be application. If person listed above receive a book at this address, repeat	as head of family is eligible t	S	29	
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATE	ION BOOK	Month	Year Year	Leave Blank
1 FRAUK C	ASTER ASTER	8	66	9
4				
698063 <b>DU</b>	The person signing the that he has authority to it are true. A false certification	do so and the	r all stateme	ints in
June 1 1943	Frank (Signature of applicant	Cas or authorized a	ter	3916-1
(Date)	(D. Grand or a p. )		10-0	0010-1

#### ECIL KENDRICK (Last name of head of family) (First name) (Initial) ROUTE (Mail address, number and street, R. F. D., box number, etc.)

Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.

DO NOT WRITE HERE

(State)

Print FIRST NAME	MIDDLE INTE	ALA LAST NAME O	or each PERSON	DATE OF	F BIRTH	Leave
	TO RECEIVE RA	TION BOOK		Month	Year	Blank
CECIL	C.	CHAM	BEPLAIN	JUNE	1903	2
ELSIE	4. 6	HAM	BERLAIN	APRIL	1907	3
CECIL	G. C	HAM	BERLAIN	JULY	1931	4
4	19					1

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

(County)

(Date)

at or authorized agent) (Signature of appli 16-33916-1

Christansan	Douglas	A	Kendr City or post	ich
(Mail address, number and street, R. F. D., box	number, etc.) Lafah		Idaho	2
Print below full name and date of bir application. If person listed above a receive a book at this address, repeat the	s head of family is eligible to	111	7 4 3	
Print FIRST NAME, MIDDLE INITIAL, TO RECEIVE RATIO		Month (	Year Year	Leave Blank
1 Irene 5. Chris	tenson	Fab.	1905	5
2 Douglas A. Chr.	stansen Ur	Mar.	1931	6
3 Charles C. Chi	ristensen	Jan	1934	2
4 Vanica L. Chi	ristensen	July	1936	8
698092 <b>DU</b>	The person signing this that he has authority to dit are true. A false certification	s application	at all stateme	ents in

May 28, 1943

Dach is to authorized agent) 16

Christenson	Douglas	A.	Kendr	ick
(Last name of head of family)	(First name)	(Initial)	(City or post off)	ice)
(Mail address, number and street, R. F. D., b	Ne z Pe	rce	I da	ho
Print below full name and date of happlication. If person listed above receive a book at this address, repeat	wirth of each person included in this		5 7 7	
Print first name, hiddle initia to necesive rat		Month	OF BIRTH Year	Leave Blank
Douglas A. Chi	ristenson	Nov	. 1903	4d
2				
3				
4 Kiplaces	NEWS THE THE PACE OF CARL			

545733DU

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

(Date)

Clemenhagen	Adrienne		A	Kendr	ick
(Last name of head of family)	()	First name)	(Initial)	(City or post o	(flice)
Route 2	oz number, etc.)	Latah (County)		Idaho	
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	as head of f	amily is eligible to	40	8 2 9	2
Print first name, middle initial to receive ratio		F each PERSON	Mont'	TE OF BIRTH	Leave Blank
1 Adrienne A. Cle	menha	gen 1	lay	12,1877	4
2 Roy Richard Cle	menha		r.2	The state of the s	1
3					
4					
697835 <b>DU</b> 127 MOR	The	e person signing this ne has authority to do true. A false certification	so and	that all statem	ents in

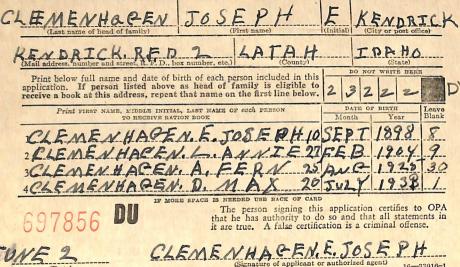
June 1' 1943 adrieme a. Clemenhagen
(Signature of applicant or authorized agent 10-3301

Clemenhagen	Grant		L	Kendr	rick
(Last name of head of family)	(First name)		(Initial)	(City or post	office)
Route 2		Latah		Idaho	
(Mail address, number and street, R. F. D., bo	x number, etc.)	(County)		(State)	
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	rth of each pe as head of f that name on	erson included in this amily is eligible to the first line below.		3 4 1	13 A
Print first name, middle initial to receive ratio		reach PERSON	Month	or BIRTH Year	Leave Blank
1 Grant La Chemen	hagen	. 0	ct.8	1901	6
2 Huldah Cecelia	Clemer	nhagen M	ay 6	.1910	7
3 Doris Jean Clen			bt.7	,1929	8
4 Buddy Roger Cle	menha	gen Se	pt.30	0,1933	9
697859 <b>DU</b> 119 HOR	The	person signing the has authority to catrue. A false certification	is applicat	that all stateme	ents in
June 2,1943.	Brant	(Signature of applicant	or authorize	nhag	33916-1

Print FIRST NAME, MEDDLE INSTIAL, LAST NAME OF each PERSON		P BINE	Leave
NOT LISTED ON OTHER SIDE	Month	Year	Blank
5 Dorothy m. CAnn	nov	1933	6
6 QLice M. CATIT	march	1940	7
7			
8			
9	-		
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17			
12			-

DATE O	DATE OF BINNE	
Month	Year	Blank
Nov.	1938	9
-		
		1
	Month Nov.	Month Year Nov. 1938

Print pirst name, hydden initial, last name of each person		DATE OF BEITH		
NOT RISTED ON OTHER SIDE	Month	Year	Blank	
5 Monty Lee Clemenhagen Set	pt.20,	1937	20	
6				
7				
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9				
10				
11				
12				



re of applicant or authorized agency 16-33916-1

C	Lemenhagen	Robert	H	Kend	tic.
	(Last name of head of family)	(First name)	(Initial)	(City or post offic	te)
		LATAh		IdAh	0
	(Mail address, number and street, R. F. D., bo	ox number, etc.) (County)		(State)	
	Print below full name and date of b application. If person listed above receive a book at this address, repeat	as head of family is eligible to	1	7 91	18
	Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATE		Month		Leave (
	1 Robert H. CL	emenhagen	149	1896	2
		-emenhagen	WE	C. 1898	2
	3 LOTTAINE Q. C	LEMENRAGEN	NITT	1 1701	7
	4 ALBERT J.C	Lemenhagen	Nov	1935	5
	IF MOI	BE BPACE IS NEEDED USE BACK OF CARD			
	697870 DU	The person signing this that he has authority to do it are true. A false certific	so and	that all statemen	ts in
	5/27/43 1	oft H. Cleme	nha	gen	
	(Dato)	(Signature of applicant of	r authoriz	agent) 16—33	916-1

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COMSTOCK	10A	MKE	NORIC,
(Last name of head of family)	(First name)	(Initial) (City of	or post office)
		To	lake
(Mail address, number and street, R. F. D., bo	x number, etc.) (County)		State)
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	as head of family is eligible to	12 0 10	TE HERE
Print first name, middle initial to receive rati	ON BOOK	Month Y	ear Blank
110A M C	OMSTOCK.	DFC. 18	18 8
2			
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II MOE	E SPACE IS NEEDED USE BACK OF CARE		
861674 <b>DU</b>	The person signing thi that he has authority to d it are true. A false certifi	o so and that all	statements in
0	W.D. Babco	ck	
(Date)	(Signature of applicant	or authorized agent)	16-33916-1

COOK	WAL	161	1	A K	ENDR	ICK
(Last name of head of family)	(F	irst name)	(In	itial) (	City or post of	fice)
STAR ROUM		HEZ F	ERC	E	DA (State)	40
Print below full name and date of b application. If person listed above receive a book at this address, repeat	irth of each pe	rson included	rible to .	3 3 4	7 1 3	D
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RAT		each PERSON		Month Month	Year Year	Leave Blank
1 WALTER A.	600	K		10	193	0
2 EM MA	COOL	×		8	72	/
3 ELLEN W.	ERIC	K50	M	12	17	2
4						
697974 DU " MON	that he	person sign e has author true. A false	ing this a	o and th	at all statem	ients in

June 2. 1943

(Signature of applicant or authorized agent)

Corkill	Louis	W	Kends	rick
(Last name of head of family)	(First name)	(Initial)	(City or post of	ffice)
R 2 7 2 7 (Mail address, humber and street, R. F. D., be	ox number, etc.) Me3 Per	ce	Ida?	20
Print below full name and date of b application. If person listed above receive a book at this address, repeat	as head of family is eligible to	2	7 92	1
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATE		Month	OF BIRTH	Blank
1 Louis W. Coi	nki17	Jan.	8 1909	0
2 Margaret A.	Corkill	March	4 1915	
Margaret P	Corkill	May.	7 1941	2
1 Loveis. E. C	020 177	SEP	18 193 9	3
TR MOI	BE SPACE IS NEEDED USE BACK OF CAR	D	,	STATE OF THE PARTY
698002 <b>DU</b>	The person signing the that he has authority to dit are true. A false certification	is applicat lo so and	that all statem	ents in
111 12 112 -1	min 91) il hus	60	nkil	

(Signature of applicant or authorized agent) 16-

Cox	Carl	H. 1	(ent	rich
(Last name of head of family)	(First name)	(Initial)	City or post o	flice)
(Mail address, number and street, R. F. D., bo	#2 Late	LI	DA1	10
Print below full name and date of bi	irth of each person included in th	nis	OT WRITE HER	
application. If person listed above receive a book at this address, repeat	as head of family is cligible that name on the first line below	to 003	808	
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATI		Month	Year Year	Leave Blank
1 Carl H.	Cox	april	1904	5
2 AGNES M.	Cox	Ilan.	1910	6
3 DELOYES 9.	Cox	Jan.	1934	7
4 Dorathy OH	· Cox	nov.	1935	8
697892 <b>DU</b> 15 MOI	The person signing that he has authority to it are true. A false cert	this application do so and tha	t all stateme	ents in
140y 29-43	GGNES M. (Signature of applica	Cox nt or authorized	agent) 16—	-83916-1

W. C.

1		THE RESERVE		
Cox	Leld			12/8
(Last name of head of family)	(First name)	(Initial)	City or post office)	
Kendrick 1	Latah (County)	1	Vdaho (State)	
(Mail address, number and street, R. F. D., h	Ox Humber, cropp	DO N	OT WRITE HERE	
Print below full name and date of happlication. If person listed above receive a book at this address, repeat		13	183	Dy
Print FIRST NAME, MIDDLE INITIA	L, LAST NAME OF each PERSON	Month		slank (
I alia (	Cox	Aug	1845	5
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Dec.	1902	6
2 Hndrew		noc	1905	n
Minnie	( )	1000	- 1-1	
3 Land Car	" Tr.	Aug.	1930	1
4 HADTEN	TOTAL PAGE OF CAR	D		
697920 DU	The person signing the that he has authority to it are true. A false certification	is application	on certifies to hat all statemen criminal offense.	OPA its in
001020	Mrs Lilia	Cit		
11128 9 -	(Signature of applicant	or authorized	agent) 16-33	916-1
(Date)				
		THE RESERVE OF THE PARTY OF THE	THE RESERVE OF THE PARTY OF THE	

CRAIG	CLAUD	1	ENON	CA
(Last name of head of family)	(First name)	(Initial)	(City or post of	(Han)
(Mail address, number and street, R. F. D., be	ox number, etc.) LATAI	4 .	IJAI	4.
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	as head of family is eligible to		9 2 9	
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATE		Month	Year Year	Leave
CLAMDE	SRA16	10	1879	4
2 EMMA C	RAIG	5	1884	5
3				
1				
TE MOR	RE SPACE IS NEEDED USE BACK OF CARD	With the second second		
698050 DU	The person signing this that he has authority to dit are true. A false certific	application so and the	at all stateme	ents in
5/28/43	Cignature of applicant	authorized	agent)	22018-1
(Date)			10	hooro-7

CRAIG	ROY (Fret name)	WKENDRI
(Last name of head of family)  STAR  (Mail address, number and street, R. F.)	ROUTE NE3	PERCE IDAHO (State)
Bill the same of t	of birth of each person included	ible to
Print FIRST NAME, MIDDLE IN TO RECEIVE	TRAIL, LAST NAME OF EACH PERSON OF RATION BOOK	Month Year Blank  JAN. 1903 3
PUBY S.	CRAIG	DEC. 1913 4 MAY 1940 5
3 PAIGE J.	F MORE SPACE IS NEEDED USE BACK	OF CARD
697997 DU	The person sign	ing this application certifies to OPA ity to do so and that all statements in a certification is a criminal offense.
May 27, 1943	Olarby S	pplicant or authorized agency 10-33910-1
(Date)	The state of the s	10-55010.7

1				900
US	E LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINE	es on oth	ER SIDE	FIRST
	Print first name, hiddle initial, last name of each person not listed on other side	Month O	Year	Leave Blank
5	CLEMENHACEMA, BRUCE	MAYS	1941	2
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DU NOI WRITE IN THIS OF HELD

	Print first name, middle initial, last name of each person		h weinand	Leave
-	Not liered on order side	Month	Year	Blank
5	Comille Gox	apr	1932.	9
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7	***************************************			
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12	***************************************		**********	1

CRIDLEBAUGH	GERALD	F.	KENDR:		
(Last name of head of family)	(First name)	(Initial)	(City or post of	lice)	
STAR ROUTE	NEZ PERCE		IDAHO (State)		
(Mail address, number and street, R. F. D., box number, etc.) (County) (State)				The state of the s	
Print below full name and date of b application. If person listed above receive a book at this address, repeat	irth of each person included in this as head of family is eligible to that name on the first line below.	3	3913	DY	
Print FIRST NAME, MIDDLE INITIA. TO RECEIVE RAT	L, LAST NAME OF each PERSON ION BOOK	Mon	-	Leave Blank	
	LEBAUGH	1	1 '03	3	
TOTITCE E CRID	LEBAUGH		8 113	T	
	IDLEBAUGH		7 137	5	
4					
The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.					
June 1, 1943	J Cudl (Signature of applicant	el or autho	aug	-33916-1	

(Date)

CROCKER  (Last name of head of family)	FRANK		ENDR	
(Mail address, number and street, R. F. D., bo	(First name)  (4 LATAH  or number, etc.) (County)	I(Initial)	DAHO	The Late of
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	rth of each person included in this	4 2 0	(State)	DA DA
Print first name, middle initial to receive ratio	, LAST NAME OF each PERSON ON BOOK	DATE Month	Year	Leave Blank
1 FRANK D. CR	OCKER	DEC.	1870	E
2 JESSIE C. CR	OCKER	SEPT		9
3				
4				
COOOFT DI	The person signing this		certifies to	OPA

698057 DI

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

6-1-43

Frank & Crocker

(Signature of applicant or authorized agent)

Crocker Fred			Kendri	ek	
(Last name of head of family)	(First name)	(Initial)	(City or post of	ffice)	
	Latah		Idaho	A	
(Mail address, number and street, R. F. D., bo	x number, etc.) (County)		(State)		
Print below full name and date of bi application. If person listed above receive a book at this address, repeat t	as head of family is eligible to	4 :	9 2 6		
Print first name, middle initial, to receive patie		Month	Year Year	Leave Blank	
1 Fred D. Crocke		Apr		0	
2 Lula L. Creeker	•	Mar	. 1880	/	
3					
4					
The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.  -//xed LO Orocker					
(Date)	(Signature of applicant	or authori	zed agent) 16-	33916-1	

NO

Crocker	Lester (First name)	Da	Kendri	ck,
(Last name of head of family)  Mail address, number and street, R. F. D., bo	Latah,	(Initial)	Idaho	9 6
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	irth of each person included in this as head of family is eligible to		NOT WRITE HERE	T I
Print first name, middle initial to receive rati		Month	Year Year	Leave Blank
Lester D. Croc	ker	Sept	1899	7
2 Nell G. Crocke	er	Nov.		8
3 Eula J. Crocke	er	Apri:		9
4 Dan E. Crocker		Dec.	1931	20
698047 <b>DU</b> 15 MOR	The person signing the that he has authority to distance the false certification.	is applicat	that all stateme	ents in

(Signature of applicant or authorized agent)

(Date)

		and the second second		The state of the s
Curtiss	Frank		endr	
(Last name of head of family)	(First name)	(Initial) (	City or post of	flice)
Kendrick	Latah		Tdo	aho
(Mail address, number and street, R. F. D., bo	ox number, etc.) (County)		(State)	
Print below full name and date of b application. If person listed above receive a book at this address, repeat	as head of family is eligible to		2 2 5	DY
Print FIRST NAME, MIDDLE INITIAL	TAST NAME OF each PERSON	DATE O	F BIRTH	Leave
TO RECEIVE RAT	ION BOOK	Month	1 Year	Blank
I Frank S	Jurtiss .	Aug	1877	6
. 2				
				CONTRACTOR OF THE PARTY OF THE
3				
1				
7	RE SPACE IS NEEDED USE BACK OF CARD			
IF MOI	BPACE IS REEDED CES BACK OF CALL	application	cortifies to	OPA
560686 DU	The person signing this that he has authority to dit are true. A false certific			
		1 1 0		

(Date)

(Signature of applicant or authorized agent)

Dagefoerde		H	Kene	drie
(Last name of head of family)	(First name)	(Initial)	(City or post of	fice)
Star Rou	box number, etc.) Wes Pe	rce	Ida H	10
		. I DO	OT WRITE HERE	
Print below full name and date of application. If person listed above receive a book at this address, repeated to the state of the stat	birth of each person included in the as head of family is eligible at that name on the first line below.	to	791	3
Print FIRST NAME, MIDDLE INIT	IAL, LAST NAME OF each PERSON	Month		Leave Blank
1 Prol H. Dage	foerde	July	1908	9
2gertrode F	Digefoerde	Feb.	1984	6
Morma Rec	Daseforde	May	1936	7
4 NINA IREN		May	1938	8
117 1	MORE SPACE NEEDED USE BACK OF C.			
697999 <b>DU</b>	The person signing that he has authority to it are true. A false cert	do so and th	at all statemer	nts in
June 19943	Paul H. Da	gefore	de	
(Date)	(Signature of applica	nt or authorized	agent) 16-3	3916-1

.

4	Sammau	el	Edgar		M	Kend	rich
	(Last name of head	of family)	(First name	)	(Initial)	(City or post o	files)
		*	to	itah	,	Id	a
5	Mail address, number and	street, R. F. D., be	ox number, etc.)	(County)		(State)	-
	Print below full name application. If person receive a book at this	n listed above		s eligible to	211	739	To the same
	Print FIRST NAM	TO RECEIVE RAT	L, LAST NAME OF each PE	RSON	Mont	h   Year	Leave Blank
	1 Edgar M	1 Da	MMaRel		De	1907	
	2 OLIVE	L	00		Jan	u 1907	
	3 DONALD	R	00		Dec	1926	3
	4 DOFOTAY	m	99		aus	1 1928	148
0	698065	DU IF MOR	that he had at	signing this	so and	ation certifies t that all staten a criminal offer	nents in
1	mel 1943	0	lue (Signature	of applicant or	authoriz	mall ed agent) 16-	-33916-1
1	(Data)					10	AAAAA P

Daugherty Clyde  (Last name of head of family) (First name)  Latah  (Mail address, number and street, R. F. D., box number, etc.) (County)		H (Initial)	Kendri (City or post o	ffice)	
Print below full name and date of be application. If person listed above receive a book at this address, repeat	as head of f	amily is eligible to	13	O NOT WRITE HAR	
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATI		y each PERSON	Mont	TE OF BIRTH	Leave
1 Clyde H. Daugl	herty		Jar	1. 1893	1
, Edna O. Daugherty			Aug	g. 1896	2
3 Clyde Daugher	ty Jr.		Feb	1926	3
4					
The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.  [Signature of applicant or authorized pient] 10—33010/h					
(Date)	11	Institute or uphretite of	1	16-	2281645

Davidson Clifford	H Kendnic
(Mail address, number and street, R. F. D., box number, etc.) La Ta	h Take
Print below full name and date of birth of each person included in the application. If person listed above as head of family is eligible receive a book at this address, repeat that name on the first line below.	
Print PIRST NAME, MIDDLE INTERAL, LAST NAME OF EACH PERSON TO RECEIVE RATION BOOK  1 Clifford H. Dayidson	North Year Blank
2 Susan C. Davidson	Oct. 1896 5
4	
that he has authority to	is application certifies to OPA do so and that all statements in ication is a criminal offense,
may 29-43 Clifford & E	Tavidson

	INES ON OTI	O BERTH	Leav
Print pinst name, and dee initial, last name of each pinson not listed on other side	Month		Blank
5 David F. Crocker	Aug.	1934	1
6			
7			
8			-
9			-
10	CALL RECIPIED IN		
1			
12			

Print first name, middle intrial, last name of each person	DATE OF BEITH		Leave	
NOT LISTED ON OTHER SIDE	Month Year		Blank	
Paul H. Jr. Dagefoerde	Dee	1940	9	
6				
7				
8 *************************************				
9				
10				
12				

Print prest name, meddle inetial, dast name of each porson	AND DESCRIPTION OF THE PARTY OF	P BESTEE	Lenvo
NOT LIBERD ON GREEN SIDE	Month	Year	Blank
STRANK C DOM MARELL	ape.	1930	849
6 MAXINE & "	Scholy	1931	6
7 Max Æ 14	July	1931	d
8 FRANCES C "	not	1937	1
9 Edgar E	may	19390	
10			
11			
12			

Davis	Ernest	M Kendrick		k
(Last name of head of family)	(First name)	(Initial)	(City or post offi	ce)
Roy 424 (Mail address, number and street, R. F. D., be	Latah Ox number, etc.) (County)		Idaho (State)	
Print below full name and date of b application. If person listed above receive a book at this address, repeat	as head of family is eligible to	00	5 0 2 3	
Print first name, middle initial to receive rat	L, LAST NAME OF each PERSON	Mon	th Year	Leave Blank
1 Ernest M. Dar	vis	Ap:	ril 1892	2 Dy
2				
3				
4		1		
698094 DU May 25, '43 2	The person signing thi that he has authority to d it are true. A false certific	s appli	Dav-	
(Date)	(Signature of applicant	or author	rized agent) 16—	33916-1

Pavis John	B. Kendrick
(Last name of head of family)  R.F.D. / Row 2  (Mail address, number and street, R. F. D., box number, etc.)  (County)	, 9daho
Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.	
Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	Month Year Blank
2 Ofersie H. Bayr.	Day 8, 1884 1 Dy
4 Appropriate the control of	b application certifies to OPA
	is application certifies to OPA do so and that all statements in cation is a criminal offense.
11/4/10 (100010 19 h	I a a star

(Signafure of applicant or authorized agent) 16-33916-1

			100000000000000000000000000000000000000	
	DEETER NELLIE	W	KEN	DRIG
	(Last name of head of family) (First name)	(Initial)	(City or post	office)
	BOX 764 LATA  (Mail address, number and street, R. F. D., box number, etc.) (County)	14	IDA	HO
		1 200	(State)	773
1	Print below full name and date of birth of each person included in the application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.	5 5/0	18/5/	To The state of th
	Print first name, kiddle initial, last name of each person to receive ration book	Month	Year Year	Leave
	1 NELLIE W. DEETER	AUG	5 1879	2
	2			
	3			
	4			
	IF MORE SPACE IS NEEDED USE BACK OF CA			
	The person signing that he has authority to it are true. A false certification	do so and	that all statem	nents in
	June 1/943 Nellie W.D.	eeter		

(Date)

(Signature of applicant or authorized agent) 16-33916-1

DeHaven		lohn		e h	endri	ch
(Last name of head of far	mily)	(First name)	10		City or post off	ine)
R. F. D. F.	no ±	ber, etc.) Nez	per a		Ido H	
Print below full name an application. If person lis receive a book at this addr	ted above as he	ad of family is e	ligible to	2/1/	7 1 9	3
	EDDLE INITIAL, LAST RECEIVE RATION BOO	NAME OF each PERSO	м	Month (	Year Year	Leave Blank
1 John ~	DeHau	en		Nov.	1885	7
2 Pearl v	DeHau	/en		Octo	1890	8
3					-	
4						
	IF MORE SPAC	CE IS NEEDED USE BA	CK OF CARD			
697821 D		The person si that he has auth it are true. A fa	ority to do	so and th	at all stateme	ents in
	John	m be	Har	ven	^	
(Date)	1	(Signature of	applicant or a	authorized a	agent) 16—3	33916-1

Deobald	Edwin	A	Kendr	ick
(Last name of head of family)	(First name)	(Initial)	(City or post office)	
(Mail address, number and street, R. F. D., box number, etc.)			Idaho (State)	2
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	as head of family is eligible to	00	3 8 8	D
Print first name, middle initial to receive rati		Month	Year Year	Leave Blank
1 Edwin A. Deoba	ld .	6/30	1894	2
2 Anna B. Deobal		12/2	1898	3
3 Charles E. Deo	bald	1/14	1925	4
4 Theodore L. De	obald	9/10	1926	5
698034 <b>DU</b>	The person signing this that he has authority to dit are true. A false certification	s application	at all stateme	ents in

June 10 - 43

it are true. A false certification is

(Signature of applicant or authorized agent)

16-33916-1

Deobald	Mary	A.	Kendrick
(Last name of head of family)	(First name)	(Initial)	(City or post office)
Route #1, Box			Idaho (State)
Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.			2 2 3
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATE		Month	TE OF BIRTH Leave Blank
1 Mary A. Deoba	ald	Oct	1863
2			
3			
4			
697903 <b>DU</b> 15 MOI	The person signing this that he has authority to dit are true. A false certific	s applica	that all statements in
6/8/43 Y	WHY Or D	LA TI	agol
(Date)	mature of applicant	or addition	16-83916-1

D

8

Deobald (Last name of head of family)	William (First name)	B	K	endy ity or post off	ick
(Mail address, number and street, R. F. D., b.	ox number, etc.) Latah (County)		I	dah (State)	2
Print below full name and date of b application. If person listed above receive a book at this address, repeat	irth of each person included in this		9 9	WRITE HER	0
Print first name, middle initia to receive rat	L; LAST NAME OF each PERSON TON BOOK	Mor	and when the best had	Year Year	Leave Blank
, William B. De	obald	Fe	b.	1896	1
Elsie.A.Deoba	21d	JAL	he	1901	2_
3 Floise 4. D	eabald	Ma	Ly.	1925	3.
Gabriella M.	Deobald	Au	a.	1928	1-4-
698086 <b>DU</b>	The person signing the that he has authority to it are true. A false certification	is appli			

June 9, 1943

(Signature of applicant or authorized agent)

16-33916-1

	Diehl (Last name of head of family)-	James (First name)	J	nitial)	ity or post of	ric	1
(Mail	Kendrick address, number and street, R. F. D., box number	r, etc.) Lats			daho	ide)	
Pri applie receiv	nt below full name and date of birth of e ation. If person listed above as head we a book at this address, repeat that na	each person included d of family is eligi me on the first line l	n this ble to below.	#25	T WRITE HERI		
	Print first name, middle initial, last m to receive ration book			Month	Year Year	Leave Blank	1
1	James N. Diehl			July	1901	8	
2	James Michichl			June	1025	9	
3	Blanche M. Diehl			Dec.	1931	10	
4	Josephine R. Dieh	11		Sept	1912	1	
	IF MORE SPACE	The person signif		application	certifies to	OPA	

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

6-1-43

James VI Signature of applicant or authorized agent)

horized agent) 16-33916-1

East back Par
Gasterbrooks Raymond H. Kendy
(Initial) (City or post office)
(Mail address, number and street, R. F. D., box number, etc.) a aloke I dalo.
Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.
Print FIRST NAME, KIDDLE INITIAL, LAST NAME OF each PRESON DATE OF DIRTH Leave TO RECEIVE RATION BOOK Month   Year Blank
1 RAYMOND N. EASTERBrooks Och 1902 7
2 Bonnie I. EASTER BROOKS Dec 29 1904 8
3 CHARLES E. EASTERBROOMS June 25 1928 9
4 RAY MOND H. EASTER BROOKS DOWN 1929 10
The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.
Ans 8 1943 Bonnie & Casterbrooks.
(Date) (Signature of applicant or authorized agent) 16-33916-1

(Signature of applicant or authorized agent) 16-33916-1

Print first name, biddle intrial, last name of each person		DATA OF BESTH		
NOT LISTED ON OTHER SIDE	Month	Year	Blank	
5 John A. Deobald	3/15	1930	6	
6 Lewis B. Keene	4/24	1919	7	
7 Annabel D. Keene	9/8	1923	Y	
8				
9				
10				
11				
12				

	Print Pinet NAME, MIDDLE INTIAL, LAST NAME OF 600A PERSON		DATE OF		Leave		
-		and the second second second	LISTED ON OTHER SIDE		Month	Year	Blank
5 -	Bonnie	G.	Diehl		Jan.	1943	
6.	********						
7 -							
8.	************						
9 -							
10 .			************************				
11 .	**********		******************				
12							

Print perst name, middle inerial, have name of ouch person	DATE O	P BIRTH	Leave
NOT LISTED ON OTHER SIDE	Mouth	Year	Blank
5 VERNA M. EASTERBROOKS	Sent 10	1931	1
· 6/JACK R EASTERBROOKS		1988	2
JENE, C. EASTERBROOKS	april 24	1938	3
8	0		
9			
10			o maights
11			
12			

Eckman	Mord			
(Last name of head of family)	(First name)	(Initial)	City or post off	ice)
Kendrick	Idahi			
(Mail address, number and street, R. F. D., be	x number, etc.) (County)		(State)	
Print below full name and date of b application. If person listed above receive a book at this address, repeat	as head of family is eligible to	1.4-1	S7CV	
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RAT		Month	Year Year	Leave Blank
1 Linds Jourse	Fekman	Jeb	1945	
2				
3				
4				
560 DU	The person signing this that he has authority to dit are true. A false certific	s application so and the cation is a c	at all statemeriminal offens	ents in
(Date)	(Signature of applicant o	r authorized	agent) 16—	33916-1

ECKMAN	LLOYD	B. VENDRI	CK		
(Last name of head of family)	(First name)	(Initial) (City or post office			
	LATAH	IDAHO			
(Mail address, number and street, R. F. D	)., box number, etc.) (County)	(State)			
Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.					
	ITIAL, LAST NAME OF each PERSON RATION BOOK		eave lank		
1 LLOYD B.	ECKMAN	DEC. 6 1890	4		
2 E ONA I.	ECKMAN	MAY31. 19 11 .	5		
3					
4					
698012 DU	that he has authority to	nis application certifies to C do so and that all statement fication is a criminal offense.	s in		

May 31. (Date)

Edna, & James (Signature of applicant or authorized agent)

FICHNER HARIEY R KEND	Rici
(Last name of head of family) (First name) (Initial) (City or post	office)
R.F.D. / LATAA I AA  (Mail address, number and street, R.F.D., box number, etc.) (County) (State)	40
Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.	REII /
Print first name, middle initial, last name of each person Date of birth  to receive ration book Month Year	Leave Blank
1 HARJEY. P. EICHNER JANII 1912	0
2. JUANITA M. EICHNER MAYIO 1913	1
3 DONAID H. EICHNER MARCH9 1933	3
4 HARLEY G EICHNER JR. Sept. 5 1931	3
The person signing this application certifies to that he has authority to do so and that all statem it are true. A false certification is a criminal offen	ents in
ODATE 4 CSignature of applicant or authorized agent) 16-	83916-1

Eldride E	Leonard	E. Ken	drick
Box 3.	ox number, etc.) Lata	The state of the s	ho
Print below full name and date of b application. If person listed above receive a book at this address, repeat	as head of family is eligible to	110-0	8 TO
Print FIRST NAME, MIDDLE INITIA TO RECEIVE RAT		Month Yes	ar Blank
2 Marjorie Fa		APril 19	212
4	RE SPACE IS NEEDED USE BACK OF CARL		ies to OPA
698089 DU	The person signing this that he has authority to dit are true. A false certific	o so and that all st	tatements in
June 1, 1943	S. G. Gloricant of applicant of	radicize agent)	16-33916-1

y

Eldridge	Leonard	EM	Tend	rich
(Last name of head of family)	(First name)	(Initial)	City or post of	fice)
Mail address, number and street, R. F. D., bo	x number, etc.) Latah	I	dah	0
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	rth of each person included in this as head of family is eligible to that name on the first line below.		3 6	
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATI		Month O	Year Year	Leave Blank
1 David E. E	dridge	April	1944	
2				
3 0	A			
4 Birthe O.K	YW			
IF MOR	E SPACE IS NEEDED USE BACK OF CARD	horry	THE RESERVE	
392917 DX	The person signing this that he has authority to dit are true. A false certific	s application o so and the cation is a cr	at all statement riminal offens	OPA ents in
d	3 60 6	1111	. /	

May 5, 1944

Mrs. 6 sms Callingle
(Signature of applicant or authorized agent) 16-33916-1

(	Ellior	1	Euger		K	end	ines
K	(Last name of head	KIdas	Co.2 Z x number, etc.)	atal	(Initial)	(City or post  Ada (State)	ho
aj	Print below full name oplication. If person occive a book at this	n listed above a	as head of family	is eligible to	050	O 15	2
-		E, MIDDLE INITIAL, TO RECEIVE RATIO		PERSON	Month Novz	Year 1865	Leave Blank
	4	IF MOR	The pers	se BACK OF CARD		certifies to	OPA
	697883	טע	that he has	A false certific	so and the	at all statem	ents in
n	194 28-	- (	Engen (Signs	ture of applicant	or authorized	agent) 16-	-33916-1

Ellis	Jane	teng	lrick
(Last name of head of family)	(First name)	(Initial) (City or pos	t office)
	hata	hlda	40
(Mail address, number and street, R. F. D., box		. DO NOT WHITE	
Print below full name and date of bir application. If person listed above a receive a book at this address, repeat t	as head of family is eligible	to May 15	
Print PIRST NAME, MIDDLE INITIAL,	, LAST NAME OF each PERSON	Month   Year	Leave
1 Mrs, Odne	F 6715	Mar. 186	40
2			
3			
4			
560973.DU  L. G. 27-43+1ERMAN	that he has authority to it are true. A false cer	this application certified	ttements in

(Last name of head of family)	JAMES (First name)	W KEA	V.D.RICK
(Mail address, number and street, R. F. D. bo		H II	AHO (State)
Print below full name and date of be application. If person listed above receive a book at this address, repeat		ow. 0 50 9	78 Mg
Print first name, middle initial to receive rat.	L, LAST NAME OF each PERSON ION BOOK	Month	Year Blank
1 JAMES W. EN 2 MARY A EN	IMETT	MARSH /	890 6 791 7
3			
698073 DU 15 MO	The person signing that he has authority it are true. A false co	this application ce	nal offense.

EMMETT MARY (Last name of head of family)	C	KEN (City or post	ORI
(Mail address, number and street, R. F. D., box number, etc.)	H	I post	4 //
Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.		O NOT WRITE HE	RED C
Print PIRST NAME, MIDDLE INITIAL, LAST NAME OF EACH PERSON TO RECEIVE RATION BOOK  1	Month	Year	Leave Blank
2		2.0.94	
4			
The person signing this that he has authority to dit are true. A false certific	applica so and	that all statem	ents in
6/9/43 Mary & Signature of Spilliant	Exprauthoris	red agent) 16-	-33916-1

Print FIRST NAME, MIDDLE INSTIAL, LAST NAME OF CACA PERSON	DATE O	o ministrat	Leave
NOT LISTED ON OTHER SIDE	Month	Year	Blank
5 HINRICK EICHNER	OPR: 1.25	1853	4
6 Dottie J Stanton	Sept. 30	1888	5
7			
8			
9			
11			
12			

En nett Roy (Right name of head of family)	W Kendrick
	Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County)	(State)
Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.	13/12/2/1
Print first name, middle initial, last name of each person to receive ration book	Month Year Blank
1 Rox W. Enmett	May 1913
2 Mer WYN Enmett	Dec 1934 1
3 SARRY EMMELL	Hug. 1937
4 Indge NE Ennett	Nov. 1919 3
that he has authority to d	is application certifies to OPA to so and that all statements in cation is a criminal offense.
ani 4.1943, Por W. Enn	ett
(Date) (Signature of applicant of	or authorized agent) 16-33916-1

y.

(Last name of head of family)	(First name)	(Initial)	(City or post office)
(Mail address, number and street, R. F. D., bo	ox number, etc.) Erne	st.	Kendzie
Print below full name and date of be application. If person listed above receive a book at this address, repeat	irth of each person included in this as head of family is eligible to	S	640
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATE		Month	Year Blank
1 Ernest &	Estes	895	12-19124
2 Eller Bet	h Estes	ful	719350
3 allest fe	e costes	gua	18-11-01
4 Vova Ger	My GNU	July	130-1-1-1-1
548946 <b>DU</b>	The person signing the that he has authority to it are true. A false certification of the true of true of true of the true of the true of true	do so and	that all statements in
10.4-43	Gentha	M.	all
(Date)	(Signature of applicant	or authoriz	16-33916-1

Filler	marioN	NKe	Ndrick
(Last name of head of family)	(First name)		or post office)
Kendrkk I	daho Latal	h I	daho
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	as head of family is eligible t	is to a lal	18
Print first name, middle initial to receive rate		Month I	Year   Leave
marion, N.	Eller	Jan 20 /	9114
2 Tille E.	ETTer	OCT 24 1	918 5
3 Garota J.	ETTEP	max 28. 10	137 6
ATTORION N.J	r. Eller	max 16 1	939 7
IF MOR	E SPACE IS NEEDED USE BACK OF CAL		
622852 <b>DU</b>	The person signing the that he has authority to it are true. A false certi	do so and that al	I statements in
June 719449	mrs mario	vn. 6	tter
(Date)	. (Signature of applican	t or authorized agent	16-33916-1

*	o view i roviect	0	. ,		7 7 7 7
E	VERING HAM ERNEST	(Initial)	Ke	N D or post office	STCK
	Pax 81 I. At AH	(Antenny)	15	AH	
	Mail address, number and street, R. F. D., box number, etc.) (County)		-A	(State)	
	Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.	1.10	NOT W	O O	D
	Print first name, middle initial, last name of each person to receive ration book	Mon	th	Year Year	Leave Blank
	IERNEST REVERING HAM	oc	1 1	907	6
	2MILDREDE, EVERINGHAM	AP	R. 1	915	1
	MIL DRED E. EVERING HAM	AU	G. 1	935	2
	PATRICIA LEVERING HAM	MA	RI	939	<u>S</u>
	The person signing this that he has authority to dit are true. A false certific	s applic	d that al	1 stateme	nts in
1	5 1913 Mildred E. E.	a	ere	ngk	an
-	(Signature of applicant o	r authori	zed agent)	16-3	3916-1

(Signature of applicant or authorized agent)

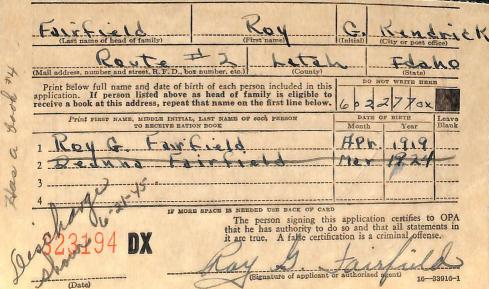
Fairfield	Edith		Kendr	in
(Last name of head of family)	(First name)	(Initial)	(City or post office)	,
N410 #2			Idah	9
(Mail address, number and street, R. F. D., bo	oz number, etc.) (County)		(State)	
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	as head of family is eligible to	74	13	
Print first name, MIDDLE INITIAL TO RECEIVE RATE		Month Month		ave ank
	FRITFIELD L FAITFIELD	Sept	1906	21
3 Dona LD FRE	nK. FAIRFIELD	a PRIL	1994 0	2
4 ETHEST FREDR	CA BERN	may	1100	1
697847 <b>DU</b> 19 MOR	The person signing this that he has authority to de it are true. A false certific	application so and the ation is a c	riminal offense.	in
may29,1943 m	7 L S. E D / TH F (Signature of applicant o	A/R or authorized	E/ELD agent) 16-8391	6-1

FAIRFIELD HARVEY	0	KEND	RICK
KENDRICK. LATAH	(Initial)	(City or post	office)
(Mail address, number and street, R. F. D., box number, etc.) (County)		L U A (State)	HQ
Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.	01.	7 1 9	S V
Print first name, middle initial, last name of each person to receive ration book	Month	E br BIRTH Year	Leave 1
1 HARVEY O FAIRFIELD	DEC	1893	3
2 ADA FAIRFIELD	JAI	V 1902	6
3			
4			<u> </u>
697844 DU IF MORE BEACH IS NEEDED USB DACK OF CARD The person signing this that he has authority to di it are true. A false certific	applica so and	that all statem	ents in
June 1. FLARNEY (Signature of Splice)	A	IRFI zed agent) 16-	ELD -33916-1

FAIR FIELD (Last name of head of family)	LEONARD (First name)	H H	ENDRICK Dity or post office)
RURAL ROUT	E 2 LATAH OX number, etc.) (County)		DAHO
Print below full name and date of b application. If person listed above receive a book at this address, repeat	as head of family is eligible to		37
Print first name, middle initial to requive rate	TON BOOK	Month	Year Blank
NEETA M	FAIRFIELD	JAN	1898 7
LEONARD	H FAIRFIELD	APR	1891 8
BUFORD R	FAIRFIELD		
4 BYRON W	NEEDHAM	APR	18720
697849 DU 17 MOR	The person signing this that he has authority to dit are true. A false certific	s application o so and the cation is a cr	it all statements in

June 9, 1943. Mrs of H. Fairfield
(Signature of applyint or authorised agent)

16-33916-1



Farrington (Last name of head of family)	Ro	S C First name)	V (Initial)	Kendr (City or post	ick
Box 25 (Mail address, number and street, R. F. D., bo	x number, etc.)	Latah (County)		Idah	
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	as head of f	amily is eligible to	40	S 29	TO C
Print first name, middle initial to receive ratio		each PERSON	Month	OF BIRTH Year	Leave
1 Rose Violet F	'arring	ton	6-13	1895	0
i Evelyn Rena F	arring	gton	8-17	1924	
3					
4				-	
IF MOR		DED USE BACK OF CARD			un minimization in
697958 <b>DU</b>	that I	e person signing this ne has authority to do true. A false certific	so and th	at all stateme	ents in
dune 1, 1943,	Esse"	Wolst (Signature of applicant of	Fall	Ang	200m

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINE	S ON OTHER SIDE FIRST
Print first name, middle initial, last name of ecca person not listed on other side	Month Year Blank
5 Ernest Willem ste	Bet 11-1939 8
6 Besther Mary Estes	Feb. 25 -1919 9
7	
8	
9	
10	
11	
12	
IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANO	THER APPLICATION

DO NOT WRITE IN THIS SPACE

FOR PERSONS NOT INCLUDED IN THIS ONE

		<b>X</b>	
USE LINES BELOW FOR ADDITIONAL NAMES, FILL ALL LINE	ES ON OTH	ER SIDE I	FIRST
Print first name, middle initial, last name of each person not listed on other side	Month O	Year Year	Leave Blank
sGarold D. Ester	JULY 1	1941	X
6 GOTODON I. ETTEP	FEBIS	1943	9
7			
8			
9			
10	11		
11			
12	THE ADI	TICATION	

DO NOT WRITE IN THIS SPACE

LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LIN	ES ON OTH	ER SIDE	PIL
LINES DELOW FOR ADDITIONAL NAMES, FILL ALL LIN	TIS OTA OTAL	ELL SEATE	A A E
Print Perst Name, intelled interest Name of each person Not Listed on other side	-	r nimpii Year	L
Print first name, middle infetal, last name of each ferson not listed on other side	Month O	Year Year	LB
Print first name, middle interal, last name of each person	Month O	Year Year	LB

Feis	Ross	R	
(Last name of head of family)	(First name)	(Initial)	(City or post office)
Kendrick &	elaks		,
(Mail address, number and street, R. F. D., bo	ox number, etc.) (County)	1 20	(State)
Print below full name and date of bapplication. If person listed above receive a book at this address, repeat	as head of family is eligible to	1.00	6 95 M
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATE		Month DATE	Year Leave
1 Sharm &	an Ful	Fee	1945
2	0		
3			
4			
IF MOI	RE SPACE IS NEEDED USE BACK OF CARD		
870516 DW	The person signing thi that he has authority to d it are true. A false certific	s application so and the cation is a con-	on certifies to OPA nat all statements in criminal offense.

mrs Ross Feel (Signature of applicant or authorized agent)

(Date)

Fonburd (Last name of head gramily)	James	M	Kend-	rick
R.F.D. (Mail address, number and street, R.F.D., bo	x number, etc.) Latah		Ida/	10
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	as head of family is eligible to	1	NOT WRITE HER	1 A
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATIO		Month	E OF BIRTH	Leave Blank
1 James M. F.	nburg	Ser	. 1876	4
2	6			
3				
4				
697917 <b>DU</b> 17 MOR	The person signing this that he has authority to dit are true. A false certific	s applica o so and cation is	that all statement criminal offens	ents in
(Date)	(Signature of applicant	or authoriz	ed agent) 16-	33916-1

(Signature of applicant or authorized agent) 16-33916-1

FOREST (Lest name of head of family)	Adolph	S H	ENDA	uch
(Mail address, number and street, R. F. D., b.	ox number, etc.) LATA h		A B C	ho
Print below full name and date of b application. If person listed above receive a book at this address, repeat	as head of family is eligible to	111	3 8	
Print first name, middle initia to receive rat	ION BOOK	Month	Year Year	Leave Blank
Adolph J.	FOREST	MAR9	1893	5
3		TEMPLE		
4 IF MOI	RE SPACE IS NEEDED USE BACK OF CARD			<u> </u>
697857 <b>DU</b>	The person signing this that he has authority to dit are true. A false certific	o so and tha	t all stateme	ents in
THE OUR O	a dolph	20	res	T
UUNE 0,77	(Signature of applicant o	r authorized ag	(ent)	3916-1

FOREST	EDWIN	H.	KEND	PIC
(Last name of head of family)	(First name)	(Initial)	(City or post of	
RF.D. (Mail address, number and street, R.F.D.	LATA (County)	H	1DAH (State)	0
application. If person listed abo	f birth of each person included in this ve as head of family is eligible to eat that name on the first line below.		469	
Print FIRST NAME, MIDDLE INT	TIAL, LAST NAME OF each PERSON	Mont	TE OF BIRTH	Leave Blank
1 MRS. Sig	RID FOREST		9.1869	6
3 BERTINA	FOREST	NO	1897	8
697840 <b>DU</b> "	The person signing this that he has authority to dit are true. A false certific	s applic	that all statem	ents in
June 8-43,	Edwin H.	7-0	rede	9
(Date)	(Signature of applicant	or suthor	16-	33916-1

Lorest (Last name of head of family)	LABRIE!	H	MENSI	RICH
R 2 (Mail address, number and street, R. F. D., bo	x number, etc.) LATA	L .	Idah	0
Print below full name and date of be application. If person listed above receive a book at this address, repeat	irth of each person included in this as head of family is eligible to	0 16	NOT WRITE HEI	
Print first name, middle initial to receive rate	, LAST NAME OF each PERSON	Month	OF BIRTH Year	Leave Blank
LABRIEL H.	FOREST	Jun	E 1891	7
2 EMMA FO		DEC:	131895	8
3 LOUEILA D.		Apri	14 1930	9
4				
697854 <b>DU</b> 17 MOI	The person signing thi that he has authority to d it are true. A false certification	s applicati	hat all statem	ents in
JUNE 8,43	GABRIEL H.	Fo	REST	-33916-1

Fester (Last name of head of family)	Ira		E (Initial)	Ke	ndri	ck
P.O.Bex, 112 (Mail address, number and street, R. F. D., bo	Latah		Idaho			
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	as head of f	amily is eligible to	120	O NOT	WRITE HE	in The second
Print first name, MIDDLE INITIAL TO RECEIVE RATI		r each person	Mont	th	PIRTH Year	Leave
1 Ira E. Foster			Dec		1868	32
2						
3						
4	E SPACE IS NEI	DED USE BACK OF CARD				
698059 DU may 10th.	The that h it are	person signing this te has authority to de true. A false certific	s application is	d that a crim	all states	ments in
(pate)		Signature of applicant or	authori	zed age	nt) 16-	-33916-1

4

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Fraser	Darid	m Kendrick
(Last name of head of family)	(First name)	(Initial) (City or post office)
	Lata	h Idaho
(Mail address, number and street, R.	F. D., box number, etc.) (County)	(State)
application. If person listed	te of birth of each person included in this above as head of family is eligible to repeat that name on the first line below	
	I INITIAL, LAST NAME OF each PERSON HVE RATION HOOS	Month Year Blank
Daviga	The raser (	Jely 1844 9
2		1 /
3	<u> </u>	
4	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Description of the second of t	IF MORE SPACE IS NEEDED USE BACK OF CAR	
697784 <b>DU</b>	that he has authority to o	is application certifies to OPA do so and that all statements in ication is a criminal offense.
6-8-43	× Daniel.	M. Frazer
0	(Signature of applicant	or authorized agent) 16-33916-1

(D-4-)

FRAJEK ELMER	IN	KEND	RICA
(Last name of head of family) (First name)	(Initial)	(City or post	office)
R.F.D. 2 (Mail address, number and street, R. F. D., box number, etc.) (County)		IDA/	
· Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.	111	3 0 7	RH /
Print first name, middle initial, last name of each person to receive ration book	Month	E OF BIRTH	Leave Blank
1 ELMER M FRASER			2
2 ETHEL I FRASER			3
3 BERNICE I FRASER			4
4			-1
The person signing the that he has authority to dit are true. A false certific	applica	that all staten	nents in

6-8-43 (Date) Elmer M Heraser
(Signature of applicant or authorized agent)

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST  Print yinst name, bedded instead, last name of each fenson bate of binste not lighted on origin and Month Year Blank
Print pinst name, middle intrial, last name of each person Date of Best
5 Lois. M. FEV July 20 1927 7
* HARLAM. C FEV 76613 1930 8
7 TEddy . & & Fey Apri 30 1982 9
8
9
10
[1]
TR THERE ARE MORE THAN 12 PERSONS COMPLETE ANOTHER APPLICATION

DO MOI WHILD THE LINE OF THEFT

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION FOR PERSONS NOT INCLUDED IN THIS ONE

Fraser	Everett	WKe	ndr	ick			
(Last name of head of family)	(First name)	(Initial) (C	ity or post offi	ice)			
Latah Idaho							
(Mail address, number and street, R. F. D., be	or number, etc.) (County)		(State)				
Print below full name and date of b application. If person listed above receive a book at this address, repeat	as head of family is eligible to		63	The but			
Print first name, middle initia. TO RECEIVE RAT		Month	Year Year	Leave Blank			
1 Everett W.	Fraser	mar	1897	0			
2 Eugenias :	Fraser	act.	1902				
3 Turallace E.	Frager	Jeb.	1923	2			
4 arthur E.	Fraser	mar	1925	1.3			
697950 <b>DU</b>	The person signing the that he has authority to cit are true. A false certification	is application	it all statem	ents in			
mass 26.43	Euglnia Augnature of applicant	or authorized a	gent) 16—	 33916 <b>-1</b>			

			Laa	0.0
(Last name of head of family)	(First name)	(Initial)	City or post of	fice)
FREGIA G	THEODORI County	Fel	KEND	Mag
Man address, number and street, R. F. D., bo	1 humber, etc.) (County)	1 20 20	(State)	
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	as head of family is eligible to	000	190	
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATE		Month C	Year Year	Leave Blank
MEODORE.	TRETTAG	2	1908	0
2 VINA V	FREYTAG	9	1921	
3				
4				
697791 DU 1F MOR	The person signing this that he has authority to do it are true. A false certific	application	at all stateme	ents in

Thursdore & Frey to

FREYTAG	WILLIAM	KENDAICH.
(Last name of head of family)	(First name)	· (Initial) (City or post office)
(Mail address, number and street, R. F. D., bo	DEL. LATA	H JAH 6. (State)
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	as head of family is eligible t	10 0 - 0 0 0
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATE		Month   Year   Blank
WILLIAM	FREYTAG	5/872 9
A		
697964 DU 1F MOII	that he has authority to	nis application certifies to OPA do so and that all statements in iteration is a criminal offense.
(Date)	(Signature of applican	for authorized agent) 16-33246-1

trus	(in	ano	WI	Tentri	ch
(Last name of head of family)		rst name).	(Initial)	(City or post off	ice)
(Mail address, number and street, R. F. D., bo	a number eta)	nez Per	ce	Idas	les
(Mail address, humber and street, it. F. D., bo	x number, etc.)	County	1 70	(State)	
Print below full name and date of be application. If person listed above receive a book at this address, repeat	as head of i	amily is eligible to		469	D
Print first name, middle initial to receive ratio		F each PERSON	Month	OF BIRTH Year	Leave Blank
1 ANGUS W. 1	FRY		may	1896	0
2 BERTHA DU	= PY		10ct	1899	
3 WILLIAM IL	FRY		may	1939	2
4			- /		
698009 <b>DU</b> 17 MOR	The that I it are	e person signing thing has authority to different A false certification.	s application so and the cation is a	riminal offens	ents in
(D-4-)		Signature of applicant of	r authorized	agent) 16-4	3916-1

16-63916-1

(Date)

(Last name of heaf of family)	CE H Kendrick
Kendrick  (Mail address, number and street, R. F. D., box number, etc.)	Ah State
Print below full name and date of birth of each person included application. If person listed above as head of family is elig receive a book at this address, repeat that name on the first line	in this DO NOT WRITE HERE
Print first name, middle initial, last name of each person to receive ration book	Month Year Leave Blank
FRANCES K. FRY	Mareo 1893 6
2 NORMAN L. FRY	mar 27 14 29 7
MELLIE. E. FRY	May 6 1930 8
4CLARENCE. H. FRY	60,19 1886 9
that he has authori	ng this application certifies to OPA y to do so and that all statements in certification is a criminal offense.

------(Date)

(Signature of applicant or authorized agent) 16—33916-1

Fres	William	G. Kenstruh
(Last name of head of family)	(First name)	(Initial) (City or post office)
KENDRIC (Mail address, number and street, R. F. D., bo		IDAHO
		DO NOT WRITE HERE
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	as head of family is eligible to	5
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATI	ON BOOK	Month Year Blank
WILLIAM DEO.	RSE PRY	JUNE 1912 7
2 MAXINE MAB	LE FRY	APRIL 1923 3
3		
,		PARTY OF THE PROPERTY OF THE PARTY OF THE PA
4	E SPACE IS NEEDED USE BACK OF CAR	D
698019 <b>DU</b>	The person signing the	is application certifies to OPA do so and that all statements in ication is a criminal offense.
May 2/943	William (Signature of applican	Fly
(Date)	Constitution of approxima	16-33916-1

Galloway Edgie	J	1	re.	NS	(not
(Last name of head of family) (First name)	(Initia	1) ((	City or p	Mo ten	
Xan			d	C	10
(Mail address, number and street, R. F. D., box number, etc.) (County)				ate)	
Print below full name and date of birth of each person included in this		DO N	OT WRITE	B BERRY	0
application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.	3	0 6	3 3	6	
Print First name, middle initial, last name of each person to receive ration book	MI	DATE C	F BIRTH	Annual Property lies	Leave
Eddic. J. Galloway	-	7.7	-	77	6
2 Eddic. D. Galloway	Ma	y. 29	199	40	7
3 Clara M. Galloway	Ma	76	19	02.	-8
4					
The person signing this that he has authority to de	app so a	and the	at all s	tateme	ents in

Salloway	Henry	Keno (City or pa	brich
(Last name of head of family)	(First name)	(Initial) (City or pos	at office)
Mail address, number and street, R. F. D., box no	umber, etc.) Jally	e Ida	ho
Print below full name and date of birth application. If person listed above as receive a book at this address, repeat that	head of family is eligible	nis DO NOT WRITE I	
Print FIRST NAME, MIDDLE INITIAL, LA TO RECEIVE RATIONA		Month   Year	Leave "
1 Odenny Dal	loway	march 14.19	059
2 Quela may &	alloway	Jet. 3 19	1140
3 - Farry Henry	Sallowy	mov 25 19	47 1
697869 <b>DU</b> 117 MORE S.	The person signing that he has authority to it are true. A false cert	his application certifies	ements in
June 3 of	enry Is all	owey	
(Date)	(Signature of applicar	at or authorized agent) 1	6-83916-1

The state of the s	
CALLOWAY JOHN. KA	'UPRIC
(Pirst name)   (Initial) (Cit	y or post office)
KRUDRICK R.F. D. Laton J. L.  (Mail address, number and street, R. F.D., box number, etc.)  (County)	AHO
, County,	(State)
	VRITE BEER
application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.	63
Print first name, middle initial, last name of each person Date of Bi	
Month	Year Blank
JOHN CALHOWAK OASK	593 6
2 DUEY PALLOWAY JULEY 18	198 7
JAKDY CALLPWAY non6 1	900 8
Who 4 KATA CALLOWAY LIKES VE	568 9
IF MORE SPACE IS NEEDED USE BACK OF CARD	
The person signing this application ce that he has authority to do so and that all it are true. A false certification is a crimin	l statements in
1 9 1000 1 Da el 00 200	al
beens, 1 183 8 mm accord	0
(Signature of applicant or authorized agent	93916-1

## USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

Print pinet name, bedden interal, hart name of each person		DATE O	Leave	
-	NOT LISTED ON OTHER SIDE	Month	Year	Blank
5	Robert Fraser	nov	1926	4
6				
7				
8		-		
9				
10				
11	***************************************	-		
12		_		

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION FOR PERSONS NOT INCLUDED IN THIS ONE

Gentry David F Kendrick  (Cast name of head of family) David (First name) (Initial) (City or post office)	(Last name of head of family) (First name) (Initial) (City or post office)
(Mail address, number and street, R. F. D., box number, etc.) Latah Idaho (State)	(Mail address, number and street, R. F. D., box number, etc.) (County) (State)
Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.	Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.
Print first name, kiddle initial, last name of each person  To receive ration book  Date of billin  Month Year  Month Year  DATE OF BILLING  Month Year  DATE OF BILLING  Month Year  DATE OF BILLING  Month Year	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON DATE OF BURNE Leave Black TO RECEIVE RATION BOOK
2 Nancy E. Gentry Dec. 31882 6	1 Netting Tentag and 1873 Q
3 Dorothy M. Holt   Mar. 1908 7	3
The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.	The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.
June 7, 1943 Jorolly Low of pplicant or authorized agent) 10-33910-1	(Signature of applicant or authorized agent) 16—33916-1

(Last name of head of family) (First name)	(Initial)	(City or post of	office)
(Mail address, number and street, R. F. D., box number, etc.) (County)		Tdal	10
Print below full name and date of birth of each person included in the application. If person listed above as head of family is eligible treceive a book at this address, repeat that name on the first line below.	is o	NOT WRITE HER	a 0
Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each FERSON TO RECEIVE HATION BOOK  1 F V C D T G L A D C M	Month MAL	Year 16 1892	Leave Blank
ZELLAMGLADEN 3LEVOYT.GLADEN	oct.	1934	10
4	do so and	that all stateme	ents in

(Date)

(Signature of applicant or authorized agent)

1					
	GLENN	JOHN	BIA	Kend	yic
	(Last name of head of family)	(First name)	(Initial) (C	ity or post off	ce)
	R.F.D.#/	oz number, etc.) Latat	1 1	dah	0
			1 70 20	OT WRITE HERI	-
	Print below full name and date of b application. If person listed above receive a book at this address, repeat	as head of family is eligible to	10	194	<b>1</b> 8
	Print FIRST NAME, MIDDLE INITIAL		The second secon	F BIRTH	Leave
	TO RECEIVE RAT	ION BOOK	Month	Year	Blank /
	1 22-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-	NN	Ma ych	1904	3
	2 AGNES M. G	LENN	la N.	1912	4
	1- 1 A/A/2 AA C	) e N///	12 A/	1938	-
	3 VO ANNE M. G	66/Y 1V	Valv	1-128	-
	1		1555		
	4		1		
	IF MOR	RE SPACE IS NEEDED USE BACK OF CARL		annifor to	ODA
	000000	The person signing this that he has authority to de	s application	t all stateme	ents in
	h9/91/	it are true. A false certific	ation is a cr	ininal offens	e.
	001001	1 1	- 4	111	
	1 1 - 1	11 1 111	///	la no.	no 1
1	11942	anes 11	, ,	will	
4	(Date)	(Signature of applicant o	r authorized a	gent) 16-3	3916-1

GLENN	Roy	RI	TENL	Rich
(Last name of head of family)	(First name)	(Initial)	(City or post off	ice)
(Mail address, number and street, R. F. D., b	x number, etc.) LATHA-	1	DAH	0
		1 70 1	(State)	-
Print below full name and date of be application. If person listed above receive a book at this address, repeat	as head of family is eligible to		3/2/1	DY
Print first name, middle initial to receive rate		Month	OF BIRTH Year	Leave Blank
IROY R. GLE	NN	VAD	v. 1903	0
2 MABELE	GLENN	MAG	2190B	2
3ELIZABETH A	GLENN	July	1931	3
4 DOROTHY L.	GLENN	July	1934	4
IF MOE	E SPACE IS NEEDED USE BACK OF CARL	0		
698020 DU	The person signing thi that he has authority to d it are true. A false certific	o so and th	nat all stateme	nts in
June 7	(Soy /	G	Kens	d
(Date)	(Signature of applicant	or authorized	agent) 16-3	3916-1

GLENN	Rov	R.	KEN	DP
(Last name of head of family)	(First name)	(Initial)	(City or post of	fice)
				77
(Mail address, number and street, R. F. D., bo	z number, etc.) (County)		(State)	
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	as head of family is eligible to	940	NOT WRITE HERE	
Print first name, middle initial to receive rati		Month		Leave Blank
1 SQLLY UAN	E GLENN	Mai	Ref. 1944	
4				
35.19 DW	The person signing this that he has authority to do it are true. A false certific	so and ation is a	that all statement criminal offense	nts in
(Date)	Constitution of all branch		16-3	9970-1

Greenwood (Last name of head of family)	Charles	S. K	endr	-ICK
		THE T	D a H	ce)
(Mail address, number and street, R. F. D., Print below full name and date of application. If person listed above receive a book at this address, reper	birth of each person included in this e as head of family is eligible to	111	(State) OF WRITE HERE	DY
Print FIRST NAME, EIDDLE INIT	ATION BOOK	Month	Year Year	Leave Blank
1 Che S. S. Gr 2 IdA . C. Gr		5	1904	1
4				<u></u>
697896 DU 27 MG	The person signing this that he has authority to do it are true. A false certific	application	at all stateme	ents in
June 1, 1943 -C	Korles ) c (Signature of applicant o	elnu r authorized a	gent) 16-8	3916-1

GROSECLOSE DALLAS (Girst name) (In	KEN DRICK
(Mail address, number and street, R. F. D., box number, etc.) LATAH (County)	JDA HO
Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.	DO NOT WRITE HERE
Print first name, middle initial, last name of each person to receive ration book	Month   Year Blank
DALLAS GROSECLOSE F	ED. 1908 0
& GRACE M. GROSECLOSE A	PR. 1921 /
3 DAISY A GROSE CLOSE F.	EB 1939 2
ADEUGENE GROSE CLOSE D	UNE 1940 3
15 MORE SPACE IS NEEDED USE BACK OF CARD  The person signing this a	application certifies to OPA
that he has authority to do so it are true. A false certification	o and that all statements in
Mallas Grose	close
(Date) (Signature of applicant or at	uthorized agent) 16-33916-1

GROSE CLOSE DAL	LAS (Initi	KEN I	DRIG
(Mail address, number and street, R. F. D., box number, etc.)	A T Att	I UAH	0.
Print below full name and date of birth of each person application. If person listed above as head of famil receive a book at this address, repeat that name on the	y is eligible to	DO NOT WRITE HER	
Print first name, aiddle initial, last name of each	PERSON	nth   Year	Leave Blank
NANCY JOYCE	Ne	V. 1943	
3			
that he ha	rson signing this applas authority to do so a . A false certification	nd that all stateme	nts in
march 6144 Strace (Sign	mature of applicant or auth	orized agent) 16—1	3010-1

## USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

Print First name, MIDDLE INITIAL, LAST NAME OF COCA PERSON		DATE OF BIRTH	
NOT LISTED ON OTHER SIDE	Month	Year	Blank
SBERNADINE M. CLENA	DEC	1935	5
6			
7			
8			
9			
11			
12			

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION FOR PERSONS NOT INCLUDED IN THIS ONE

ISE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LIN	IES ON OTH	ER SIDE	PIRS7
Print pirst name, impole intrial, last name of each person not dived on other side	Month o	y nuru Yoar	Leav
SHANNON F. GROSECLOS	E MAR	1942	4
6			
7			
8			
9			- Canad
0			. Comment
1			
10			1

DO THOS WILLIAM THE THEOR

2	Pustafson Oscar G. Keydrick (City or post office)	
	(Mail address, number and street, R. F. D., box number, etc.) LATAN IDAHD (County)	
	Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.	
	Print First NAME, MIDDLE INITIAL, LAST NAME OF each PERSON DATE OF BIRTH Leave Blank TO RECEIVE RATION BOOK Month Year Blank	
	GUSTAFSON C. OSCAR July 1889 0	
	CUSTAFSON W HERBERT Jan 1922 2	
	4GLISTAFSON B. ALICE June 1925 3	
	The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.	
7	ne 9.1943 Mrs Elvira Gustapon	
-	(Date) (Signature of applicant or authorized agent) 13/33916-1	

		111 2 -
HalgeTu	Ed (First name)	(Initial) (City or post office)
(Last name of head of family)	11	15/5/0
	La/ ha	(State)
Mail address, number and street, R. F. D., b	ox number, etc.)	DO NOT WRITE HERE
Print below full name and date of bapplication. If person listed above receive a book at this address, repeat	oirth of each person included in the	14361 Dy
eceive a book at this address,	OF each PERSON	
Print FIRST NAME, MIDDLE INITIA TO RECEIVE RATE	TION BOOK	Month Year
TO RECEIVE MA	+1	Nov 19 1894 4
Ed Halst	/R	6 66 7-
1 - 0	76	Janey/6/2
0192 Halse	1-6-7	16-60 1926 10
12141421	POTR	140 UIU
3/36764	7	Jan 27 1993 7
Reviel Hal.	selk	
4	OUR SPACE IS NEEDED USE BACK OF CAL	D Corting certifies to OPA
	The person signing the	that all statements in
007077	that he has authority to	do so and that an statement fication is a criminal offense.
697877	it are true. A laise celt.	
001011	L//2/20	/.
	1-0 1781561	M.A.
	(Signature of applican	t or authorized agent) 16-33916-1

(Date)

Hammond (Last name of head of family)	Everett (First name)	(Initial)	Kendri (City or post	
Mail address, number and street, R. F. D., bo	x number, etc.) Latah		TdaH	0
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	as head of family is eligible to		Le 0 1	
Print first name, middle initial, last name of egch person to receive ration book			OF BIRTH Year	Leave Blank
i Everett L. F	tammond	aug.	1915	5
2 Elma F. H		Dec	THE RESERVE OF THE PARTY OF THE	6
3 Donald Wayn	e Hammond	MOV	1942	7
4		1		
697880 <b>DU</b> 12 MOE	The person signing this that he has authority to dit are true. A false certific	s application	at all stateme	ents in
		. 1		0

June 8'43 Mrs Everett L. Hammond
(Signature of applicant or authorized agent)
(Signature of applicant or authorized agent) 16-33916-1

Harris	Fra	nK	G	Kendr	· ick
(Last name of head of family	) (I	First name)	(Initial)	(City or post offi	ce)
Box		Lata,	4	Idah	0
(Mail address, number and street, R.	F. D., box number, etc.)	(County)		(State)	
Print below full name and dapplication. If person listed receive a book at this address,	above as head of f	amily is eligible to	00	3 9 9 2	P
Print FIRST NAME, MIDDLE TO RECT	E INITIAL, LAST NAME OF	r each PERSON	Mon	th Year	Leave Blank
1Frank	G Ha	rris	Ja		5
i Violet		rris		r 1901	6.
3 VILLA	L Ha	rr15	Oc	t 1926	7
4 Richard	F Ha	rris	Jur	e 1929	8
District Control of the Control of t	IF MORE SPACE IS NEI	EDED USE BACK OF CARE			071
698062 DU	that b	person signing this ne has authority to de true. A false certific	2 50 200	that all stateme	ents in
June 4.	mrs F	rank y	r authori	Farris	2
(Date)		(Digustate of approprie		16—	33916-1

HARRISON ENOCH		Kend	rek
(Last name of head of family)  (First name)  (Mail address, number and street, R. F. D., box number, etc.)  (County)	(Initial)	(City or post of	lls (
Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.	10	VAG 9	a A
Print first name, middle initial, last name of each person to receive ration book	Month	OF BIRTH Year	Leave Blank
1 ENOCH HARRISON	Oct	1868	3
2 PAULINE F. HAPRISON	nos	1979	4
BOYD E HARRISON	Oct	1925	5
4			
The person signing the that he has authority to dit are true. A false certific	s application so and t	hat all stateme	ents in
(Date) (Signature of applicant of	or authorized	i agent) 16—	33916-1

Hartune	Llda	m.	Hendo	3
(Last name of head of family)	(First name)	(Initial)	(City or post of	fice)
	hatal	2	Adah	0
(Mail address, number and street, R. F. D., bo	x number, etc.) (County)		(State)	
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	as head of family is eligible to	94	SB\$7	
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATE		Month	Year	Leave Blank
1 Blow M. S	Harting			
2				
3				
4				
	The person signing this that he has authority to de it are true. A false certific	applica	ation certifies to that all stateme a criminal offense	OPA nts in

(Signature of applicant or authorized agent) 16-33916-1

Hartung (Last name of head of family)	Walter	(Initial) (C	e ndr	ick
RI. Kendy (Mail address, number and street, R. F. D., b		110	(State)	10
Print below full name and date of be application. If person listed above receive a book at this address, repeat	that name on the first line below.	188	175	
Print FIRST NAME, KIDDLE INITIA TO RECEIVE RAT	A A	Month APIYL	Year 1908	Blank
Walter C.	Hartung	men	1909	5
3 Docia Lee	Hartung	HON	(179	
697782 <b>DU</b> 19 MOI	The person signing this that he has authority to dit are true. A false certific	s application	certifies to t all statem iminal offen	OPA ents in se.
aune 5 1	Walter e 91	arthurized a	w9.	33916-1

gune 5

Havens	George	E	Kend	1. 6
(Last name of head of family)	(First name)	(Initial)	777100	nest
Route   Box (Mail address, number and street, R. F. D., bo	18 Zatah		J dah	)
Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.				
Print first name, middle initial, last name of each person to receive ration book		Month Date of	Year Year	Leave Blank
1 George, Ho	VENS	7eb- 23	1911	9
2 Martha Ha	YENS	Supla:	1911	50
3IRA HZ	VENS	gan 27	1935	1
aTheodore H	2 V ENS	Nov 10	1936	2
The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.				
	Manage & 3	aver	w	

may 2

(Signature of applicant or authorized agent) 16-33916-1

HAVEN	S	IRA	W	KEN	Dais
(Last name of head of f	amily)	(First name)	(Initial)	(City or post	office)
(Mail address, number and stre	et, R. F. D., box nur	nber, etc.) (County)		(State)	
application. If person in	sted above as h	of each person included in this ead of family is eligible to name on the first line below.	21	897	D
	IDDLE INITIAL, DAS	T NAME OF each PERSON	Month	OF BIRTH /	Leave
RILRA W	HAN	ENS	Month	Iear	3
2 MRSEL	SIE H	AVENS			4
		E MILLS			3-
4					
697949 <b>D</b>	U MORE SPA	The person signing thi that he has authority to d it are true. A false certifi	s applicati	that all stateme	ents in
(Date)	***********	(Signature of applicant	or authorize	d agent) 16-4	33916-1

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## USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON		e binani	Leavo
	NOT LISTED ON OTHER SIDE	Month	Year	Blank
6	GUSTAFSON E. LEONARI	Feb	1936	4
6				1
7		4		
0				
0				
70				
10				
11				
12				1

	*	THE IN	
***************************************	*************		
USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LI	NES ON OTH	IER SIDE	TIRS
Print first name, meddle instial, last name of each ferson not listed on other side	Month C	Your Von	Bian
starold Halseth	Mayı	61928	18
oGerald HaiseTh	11 11	6.1928	19
7			

## USE LINES BELOW FOR ADDITIONAL NAMES, FILL ALL LINES ON OTHER SIDE FIRST

Print first name, hyddle intrial, last name of each person	DATE O	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	Leave
NOT LIBER ON OWNER SIDE	Month	Year	
5 Jerry D. Harris	Sept	1933	9
6			
7			
8			
9			
10			
11			
12			<u></u>

## USE LINES BELOW FOR ADDITIONAL NAMES, FILL ALL LINES ON OTHER SIDE FIRST

Print PIRST NAME, MIDDER INTELS, LAST NAME OF each PERSON		A BESTARK	Leave
NOT LISTED ON OTHER SIDE	Month	Year	Wlass
CharLES Havens	nov 24	1938	3
RAYNEY HAYENS	249 24	1941	4
1	1		
)			
)			

l'ation If nomeon listed	te of birth of each person included in the	(State)  DO NOT WRITE HERB		(Last name of head of street of the control of the
Print FIRST NAME, MIDDLE	repeat that name on the first line below initial, Last name of each person ive ration book	DATE OF BIRTH   Month   Year   Blank   A U.S. 1893   4	4	Print PIRST NAME, 3  1 HE JA MAN  2
859337 <b>DU</b>	IF MORE SPACE IS NEEDED USE BACK OF CA  The person signing t that he has authority to it are true. A false certi-  John J. H. (Signature of applican	his application certifies to OPA do so and that all statements in fication is a criminal offense.		697865 D Guny 9.194

	HECHT (Last name of head of family)	HERMAN (First name)	(Initial) (City or post office)
7	RFD9 Mail address, number and street, R.	102. LATAL	F IDAHO (State)
-	Print below full name and da	te of birth of each person included in t above as head of family is eligible repeat that name on the first line belo	10   /   /-   /   /   (4
	Print FIRST NAME, MIDDLE TO RECE	INITIAL, LAST NAME OF each PERSON	Month Year Blank
	1 HERMAN	A HECHT.	may 6 1894 4
	2		
	3		
	4		
	DII	The person signing	this application certifies to OPA
	697865	that he has authority to	do so and that all statements in ification is a criminal offense.
	June 9. 1943.	Herman a	
	Variable of the second	(Citurn of applica	nt or authorized agent) 16-33916-1

HECHT	William (First name)	EL	rend	Ric
(Last name of head of family)	(First name)	(Initial) (	City or post o	ffice)
R. F. O. No. 2 (Mail address, number and street, R. F. D., be	Boy 55 LA+A	H	I DA (State)	HO.
		DO NO	T WRITE HER	E
Print below full name and date of be application. If person listed above receive a book at this address, repeat	as head of family is eligible to	111 -11	36	
Print first name, MIDDLE INITIAL TO RECEIVE RATE		Month	Year Year	Leave Blank
1 mrs. EditH.		Oct 29	1889	5
2 miss VE L/	na Hecht.	FEB.7	1911	6
3 William F	Hecht			7
4				
	E BPACE IS NEEDED USE BACK OF CARL	,		
697846 <b>DU</b>	The person signing thi that he has authority to d it are true. A false certific	s application o so and that	t all stateme	nts in
June 9, 1943 M	"WE HE	cht	 <u>- ا</u>	
(Date)	(Signature of applicant	or authorized a	gent) 16—	3916-1

Heffel	Jesse	H	Kendrick
(Last/name of head of family)	(First name)	(Initial)	(City or post office)
(Mail address, number and street, R. F. D., bo	ox number, etc.) Neg Perc (County)	0	Idaho (State)
Print below full name and date of bapplication. If person listed above receive a book at this address, repeat	as head of family is eligible to	21	602
Print first name, middle initial to receive rate		Mont	TE OF BIRTH Leave Blank
IJesse H. Heffel		2	10 4
2 Gertrude H. HEffe	2 Low		1/25
3 Gerald S. Heffe	L	11	38 6
4 Elaine Jo Heffel		10	407
697945 <b>DU</b> 11 MOR	The person signing this that he has authority to do it are true. A false certific	applica	that all statements in
June 3.1943 TI	Nrs. Jesse He	1	lel
(Date)	Signature of applicant of	r authoriz	red agent) 16-33916-1

Heffel	Stewart	JI	Kenda	1.6
(Last name of head of family)	(First name)	(Initial)	(City or post of	fice)
(Mail address, number and street, R. F. D., b	ox number, etc.) LA +Ah (County)	, 7	JAR	0
(Man address, number and street, it. F. D., be	or number, etc.)		(State)	
Print below full name and date of b application. If person listed above receive a book at this address, repeat	as head of family is eligible to		902	3
Print first name, middle initial to receive rat	ION BOOK	Month	OF BIRTH Year	Leave Blank
15thwart J. H	e ffel	12	1864	6
2 Dora B. He	146L	10	1870	7
3	/			
4				
697946 <b>DU</b> 19 MOI	The person signing this that he has authority to dit are true. A false certific	application	nat all stateme	nts in
June 3, 1943	(Signature of applicant	or authorized	agent)	
(Date)	(Dignature or approximation		16—	3916-1

У

HERRES Louis		(City or post o	lice
Mail address, humber and street, R. F. D., box number, etc.) LAT	AH	1 DA	H
Print below full name and date of birth of each person included in application. If person listed above as head of family is eligible eccive a book at this address, repeat that name on the first line be	n this	7 2 7	
Print first name, middle initial, last name of each person to receive ration book	Month	Year Year	Leave Blank
LOUIS. J. HERRES	MAY	1877	6.
LULU MHERRES	Feb.	1882	7
3			
4			
The person signing that he has authority it are true. A false	ng this application	at all statemen	nts in
MAY 26 LULU-H	ERR Dicant or authorized	agent)	3916-1

NIBLEX FRANK	BKendy
(Last name of head of family) (First name)	(Initial) (City or post office)
Kenpricy sata	LIPOHO
(Mail address, number and street, R. F. D., box number, etc.) (County)	(State)
Print below full name and date of birth of each person included in this	DO NOT WRITE HERE
application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.	18881
Print first name, middle initial, last name of each person	DATE OF BIRTH Leave
TO RECEIVE RATION BOOK	Month Year Blank
1 Frens 13 Higher	7-10/874 4
3	
J	
4	
IF MORE SPACE IS NEEDED USE BACK OF CARD	
The person signing this	application certifies to OPA
5-22-43 Frans	On Toldly
(Date) (Signature of applicant of	C16-33p16-1

## INTICKSEWA (Last name of head of family) (First name) (Initial) (Mail address, number and street, R. F. D., box number, etc.) DO NOT WRITE HERE Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below. Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON DATE OF BIRTH TO RECEIVE RATION BOOK Month Blank Year IF MORE SPACE IS NEEDED USE BACK OF CARD The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

(Signature of applicant or authorized agent)

Hoff mah Chas. (First name) (Initial Achded	ck
Kendrick StarRte nexperce Ide	(06)
Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.	
TO RECEIVE RATION BOOK Month Year I	eave Blank
2 Lucille Hottman july 1882	7
3 Donna Les Hoff man Oct. 1927	20
The person signing this application certifies to that he has authority to do so and that all statemen it are true. A false certification is a criminal offense.	ts in

777a Y 2/1 1943

Chas, Hottman
(Signature of applicant or authorised agent)

HOFFMAN JESSE (First name of head of family) (First name)	(Initial) (City or post office)
(Mail address, Indinber and street, R. P. D., box number, etc.) Nez Ferro	e Idaho (State)  BO NOT WRITE HERE
Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.	
Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF EACH PERSON TO RECEIVE RATION BOOK  1 JESSE HOFFMAN	Nov. 1880 8
2 MABEL T. HOFFMAN 3 DWIGHT S. HOFFMAN	Aug 1916 30
	do so and that all statements in
697991 that he has authority to it are true. A false certific false certification of the cert	reation is a criminal offense.
June 4, 1945	or suthorized agent) 16-33916-1

Holt	Hardy		Ks	ende	iek
(Last name of head of family)	(First name)	(Initial)	(Ci	ty or post o	flice)
	Salar	+	9	Dah	21
(Mail address, number and street, R. F. D., bo	ox number, etc.) (County)			(State)	
Print below full name and date of b	inth of each person included in this	D	O NOT	WRITE HEI	
application. If person listed above receive a book at this address, repeat		97	9	188	
Print FIRST NAME, MIDDLE INITIA	L. LAST NAME OF each PERSON	DA	TE OF		Leave
TO RECEIVE RAT	ION BOOK	Mont	h	Year	Blank
	The second secon				3
1					
2	A Section of the Contract of t		. 1		1
3					
					-
4	RE SPACE IS NEEDED USE BACK OF CARL	1000	MU	10000	1
T 0 1 0 1	The person signing thi	s applic	ation	certifies t	o OPA

------(Date)

that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

(Signature of applicant or authorized agent) 16-33016-1

Holt	Hardy	h	andr	ick
(Last name of head of family)	(First name)	(Initial) (	City or post o	ffice)
	Salas	1	Slah	21
(Mail address, number and street, R. F. D., bo	ox number, etc.) (County)		(State)	
Print below full name and date of b application. If person listed above receive a book at this address, repeat	as head of family is eligible to	979	WRITE HE	13
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATE		Month O	Year Year	Leave Blank
1		4-14		2
2			*********	12
3				
4				
70131 <b>DX</b>	The person signing this that he has authority to de	application	certifies to	o OPA
LOTOT DX	it are true. A false certific	ation is a ci	iminal offen	ise.
	Hardy Ho	10		
(Data)	(Signature of applicant of	or authorized	igent)	-33916-1

16-33916-1

(Date)

HOLT	HAROY	K.	ENDRICE
(Last name of head of family)	(First name)	(Initial) (City	y or post office)
	LATAK	+ ]	-DAHO.
(Mail address, number and street, R. F. D.	, box number, etc.) (County)		(State)
application. If person listed above	birth of each person included in this is a head of family is eligible to at that name on the first line below.	003	VRITE HERE
Print FIRST NAME, MIDDLE INIT	MAL, LAST NAME OF each PERSON	Month	Year Leave Blank
1 HARDY	140KT	51	9027
2 MARY.V.	14047	31	9118
3 MARY D	HOLT	3/	932 7
4 AMES.	H. HOLL	5 6	13400
697963 <b>DU</b>	The person signing this that he has authority to do it are true. A false certific	application co	ll statements in
6/28/43 ·	Harly Signatury applicant	alt or authorized agen	t) 16—33916—1

Holt	James	184	endr	ich
(Last name of head of family)	(First name)	((Initial)	City or post of	fice)
Bo X 133 (Mail address, number and street, R. F.)	D., box number, etc.) Latas	h Ja	lah (State)	0
Print below full name and date	of birth of each person included in this ove as head of family is eligible to peat that name on the first line below.	121	WRITE HER	n Ver
	NITIAL, LAST NAME OF each PERSON	Month	F BIRTH Year	Leave
TO RECEIVE	RATION BOOK	Month	1 car	Diaux
1 Carolyn a	nn Holt	4	1945	
2				
3 te gr.				
10	MORE SPACE IS NEEDED USE BACK OF CAR.	D		11/1/19
870518 DW	The person signing the that he has authority to dit are true. A false certification	is application to so and that cation is a cr	it all statem	ents in
(Date)	(Signature of applicant	or authorized a	rent) 16-	83916-1

Holt (Last name of head of family)	W:lliam	R. H	Tendr	ick
(Mail address, number and street, R. F. D., be	Latar	1 (Initial)	Tdal	) O
Print below full name and date of b application. If person listed above receive a book at this address, repeat	as head of family is eligible to	20	8 8 7	
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATE		Month Month	Year Year	Leave Blank
1 William Ray	mond Holt	aug.	1913	2
2 Flo Lelia H	olt	Dec.	1917	3
3 Oreta Rae		Dec.	1436	4
4 Howard Hend	ierson Holt	Mar.	1938	ح
697899 <b>DU</b> 17 100	The person signing this that he has authority to dit are true. A false certification of the second o	s application of so and the cation is a contraction of the cation is a contraction of the cation of	at all stateme riminal offense Walk	nts in
(Date)	(Signature of applicant	or authorized	agent) 16-3	3916-1

Hudson	Ersle	19	Ken	lrie
(Last name of head of family)	(First name)	(Initial)	(City or post	office)
		5	Ida	٠.١
(Mail address, number and street, R. F. D., bo	ox number, etc.) (County)		(State)	
Print below full name and date of bapplication. If person listed above receive a book at this address, repeat	as head of family is eligible to	111	3 CX	
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATE	L, LAST NAME OF each PERSON	Month O	Year Year	Leave Blank
( Boyd Chare	les Thurson			
2 birth certific	rite -6-9-45	- 101	9.	
4				
323212 DX	The person signing the that he has authority to dit are true. A false certification of applicant (Signature of applicant)	is application to so and the cation is a cr	riminal offens	ents in
(Date)				

Hudson	Daymand	E	Tend	
(Last name of head of family)	(First name)	(Initial)	(City or post of	fice)
(Mail address, number and street, R. F. D., be	ox number, etc.) (County)	/	(State)	do.
Print below full name and date of b application. If person listed above receive a book at this address, repeat	as head of family is eligible to		6 1 4	13
Print first name, middle initia. To receive rat	L, LAST NAME OF each PERSON ION BOOK	Mont	te of Birth h Year	Leave Blank
1 David Rayn	and Hudson	Feb	1944	
2				9.5
3				
LZOLOS. DX	The person signing the that he has authority to cit are true. A false certification	lo so and cation is	a criminal offen	ents in
Conto Carlo	(Signature of applicant	of authoriz	ed agent) 16-	33916-1

Hudson	Raymond	8,2	end	rick
(Last name of head of family)	(First name)	(Initial)	City or post of	D
		d	da	lia
(Mail address, number and street, R. F. D., box	x number, etc.) (County)		(State)	
Print below full name and date of bit application. If person listed above receive a book at this address, repeat it	as head of family is eligible to	42 C	63	20
Print first name, middle initial, to receive ratio		Month	Year Year	Leave Blank
1 Raymond IBernadine	E Hudson	Ppr. 19	1919	2
3	,			
698015 <b>DU</b> 15 MORI	The person signing this that he has authority to did it are true. A false certific that he has authority to do it are true.	application is a cr	iminal offens	ents in
	(Signature of applicant of	r authorized a	gent) 16-8	3916-1

(Date)

Inole	Ger	blo	A	Ken	1
(Last name o head of family)	(F	irst name)	(Initial)	City of nost	OFICK
RFD. J		Lateh		Ida	a ho
(Man address, number and street, C. F. D., bo	x number, etc.)	(County)	,	(State)	
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	as head of fa	mily is eligible to	0 / 3	WRITE HER	Py
Print first name, middle initial to receive rati		each FERRON	Month O	Year Year	Leave Blank
1 Gerald A.	Ingl	c	April.	1910	2
2 Grace M.	Ingl	<b>c</b>	Dec.	1909	_3,
) ======	Ingl	C	Sept.	1936	4
4 MARTORIE M	Ingl		July	1939	0
697873 <b>DU</b> 15 MOI	The	person signing this e has authority to do true. A false certific	so and tha	t all stateme	ents in
May 20, 1943 -		(Signature of applicant of	or authorized s	gent) 16—(	33916-1

(Lest name of head of family)	Henry (First name)	L Kondrick
R. J. D. Na (Mail address, number and street, R. F. D., bo	a Lata	h Idaho
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	irth of each person included in this	1.
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RAT	L, LAST NAME OF each PERSON	Month Year Blank Seb   1827
1 Henry L.	Ingle	Oct 1885 5
3 Leoni Ga	17 9 C	m 9 3 1925 7
697867 <b>DU</b>	The person signing the	nis application certifies to OPA do so and that all statements in fincation is a criminal offense.
Jane 6 1948,	A Company of applican	t or authorized egept) 16-33916-1

Ingle	King	D. KENDRICK
(Last name of head of family)	(First name)	(Initial) (City or post office)
Kendrick, R.F.D.	Z Latah	Idaho (State)
Print below full name and date of bi oplication. If person listed above ceive a book at this address, repeat	as head of family is eligible to	39867
Print first name, middle initial to receive ratio	, LAST NAME OF each PERSON ON BOOK	Month Year Blank
King D, Ingle		Jan. 31/899 2
Florence L, Ingle		187,10 18843
3		
4		
697841 <b>DU</b> June 7,1943	that he has authority to d	is application certifies to OPA lo so and that all statements in cation is a criminal offense.

JANES (Last name of head of family)	ARTHUR	E /	(City or post of	PICIT.
R + D # /	x number, etc.) LATAM	+	I OA	17.3
rint below full name and date of bi ication. If person listed above ive a book at this address, repeat	as head of family is eligible to		7 2 7	Dy
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATIO		Month	OF BIRTH Year	Leave Blank
ARTHUR E	TANES	7EB	1873	8
EDITH MAG	TANES	July	1884	9
397930 <b>DU</b> 17 MOB	The person signing thi that he has authority to d it are true. A false certifi	s applicatio	at all stateme	ents in
126/43	College of applicant	or achorized	agent) 16—	33916-1

Jahre	ARTHUR	WHO	NAD	a k
(Last name of head of family)	(First name)	(Initial)	ity or post off	ce)
Poute (Mail address, number and street, R. F. D., b.	ox number, etc.) LATAh	10	Aho	
Print below full name and date of b		e Do No	T WRITE HERE	
application. If person listed above receive a book at this address, repeat	as head of family is eligible t	0 1 1 0	24	
Print first name, middle initial to receive rat		Month N	Year Year	Leave Blank
1 ARTHUR W Joh	NS	June 9	1907	40
, Ruth A. Johns		Dec.5.	1906	1
Phyllis L. Jak	ins	Oct. 11	1928	2
4 DONALD R. JO	HNS	JAN23	1930	3
697936 <b>DU</b> 19 MOI	The person signing the that he has authority to it are true. A false certification of the second of	do so and tha	t all statem	ents in
1.0743	Inthis W.	10%	no.	
(Date)	(Signature of applicant	or authorized a	gent) 16-	33916-1

John Son Herman (Last name of head of family) (Circle name)	W Kendrick	!
Star Route  (Mail address, number and street, R. F. D., box number, etc.)  (County)	se Idaho	
Print below full name and date of birth of each person included in thi application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below	0 2 470 3 3	0)
Print first name, and the initial, last name of each ferson to receive harron book  1 Herman V. Johnson	Month Year Blank  7046 1908 3	
2 Mildred C. Johnson	Apr. 21 1912 4	
that he has authority to	is application certifies to OPA do so and that all statements in ication is a criminal offense.	

June 7th 1943 Berner (Signature

(Signature of applicant of authorized agent)

JOHNSON	ROY	19/	= Ndr	or k
(Last name of head of family)	(First name)	(Initial)	City or post o	ffice)
(Mail address, number and street, R. F. D., bo	x number, etc.) LATA/(County)	4 I	dAH (State)	40
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	as head of family is eligible to	S	7 3 2	Į.
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATE		Month	Year Year	Leave Blank
1 Roy S JOHNS	ON	MARCH	1888	4.
2 ZONA, E. JOHN		MARCH	1902	3
3 ANITA. T. JOHN	ISON	SEPT	1930	6
4				
698079 <b>DU</b>	The person signing the that he has authority to it are true, A false certification.	is application do so and tha ication is a cr	t all stateme	nts in
	SROY S. John (Signature of applicant	or authorized s	gent)	
(Date)	Amenda a abbuse		16-6	33916-1

J	Ohns 7	nead of family)	CLAM	Enck	(Initial)	KED OILY OF DOS	INICA
(Mr	fil address, number a	P 775	L boz number, etc.)	LATAH	ty)	(State	
ani	Print below full notication. If per eive a book at the	son listed abov	ve as head of f:	amily is eligib	this le to	NOT WEFTE	- Contraction of the Contraction
	Print FIRST	TO RECEIVE E	- 1	~ 3	Mon Mon	th Year	Leave
2	VIOLA	KAT	John John	n370)	2 APA	14 1881	/ /
3							
6	97898	DU "'	shot h	person signing e has authority true. A false of	to do so and	d that all stat	ements in
4	ene 2.	nl.	Viols	Maty Signature of Applie	A authori	zed agent)	6-33916-1

Janes.	allow	W Men	drest
(Last name of head of family)	(First name)	(Initial) (City or po	ont office
MAD #	2	Sta	in a
(Mail address, number and street, R. F. D.	, box number, etc.) (County)	(Sta	
application. If person listed above	f birth of each person included in this we as head of family is eligible to at that name on the first line below.		PL PL
Print first name, middle init	PIAL, LAST NAME OF each PERSON	Month   Year	Leave Blank
1 Albert W.	Jones	Dec. 1873	19
2 Myxtle J.	Jones	Feb 1880	0 20
3 Bernard H.	Jones	Sept 191	1001
4 Ronald Mi	Jones	Nov 191	72
2F 1	MORE SPACE IS NEEDED USE BACK OF CAR	D	
697879 DU	The person signing the that he has authority to cit are true. A false certification	lo so and that all sta	tements in
	A. W. J	ones	•
	(Signature of applicant	or authorized agent)	16-23916-1

Jones	Claude	W	Kendr	4 - 1
(Last name of head of family)	(First name) · · ·	(Initial)	(City or post	office)
Mail address, number and street, R. F. D., bo	I a tah		Idaho	
	And the second s	I no	(State)	
Print below full name and date of bis application. If person listed above a receive a book at this address, repeat to	as head of family is eligible	to a -	233	8
Print first name, MIDDLE INITIAL, TO RECEIVE RATIO		Month	B OF BUITH Year	Leave Blank
1 Claude W. Jones		May	1906	6
2 Janice A: Jone	8	Nov.	1907	7
3 Roger C. Jones		Mari	ch1935	8
4 Lou H. Myers		June	e 1879	19
697881 <b>DU</b> 17 1001	The person signing that he has authority to it are true. A false cer	this applicated do so and	that all statem	ents in

(Signature of applicant or authorized agent)

		New York of the last					
	新年數學學學學學	and and the first ray to go one are all the security for one to			********		
ISE LINES BEL	OW FOR ADDITI	ONAL NAMES.	FILL ALL	LINES	ON OT	HER SIDE	FIRS

	Print piner name, meddie initial, last name or each person	DATE O		Lesvo
-	NOT LINTED ON OTHER SIFE	Month	Year	Blank
5	Ray W. Jones	Oct		3
6	Maky P. Jones	May	1925	4
7	J			
8				
9				
10				
11				
12				

	DONALD	PK	ENDR	K
JONES		(Initial) (C	ENDR	5/
(Last name of head of family)	(First name)	I(Initial)  (C	ity or post om	ce)
	LATAM	1 7	<b>DAH</b>	0
Mail address, number and street, R. F. D., bo	ox number, etc.) (County)	1 20 200	(State)	Carlotte Control
Print below full name and date of bapplication. If person listed above receive a book at this address, repeat	as head of family is eligible to		8cv	
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RAT.	L, LAST NAME OF each PERSON	Month	Year Year	Leave Blank
Donald P J	ones	Mar	1921	
2				
3				
4				
158357 DX	The person signing the that he has authority to cit are true. A false certification	is application do so and that ication is a cr	certifies to at all statem iminal offen	OPA ents in se.
P - N	I mald (4)	fores	st	
(Date)	(Signature of applicant	or authorized a	16—	33916-1

D

JONES ERNEST (Lest name of head of family) (First name)	(Initial)	(City or post of	A HO
RFD#2 LATH		IDA	Ho
(Mail address, number and street, R. F. D., box number, etc.) (County)  Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.		NOT WRITE HER	PY
Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK  1 Ernest H. Jones	Month	Year Year	Leave Blank
2 Mabel P. Jones	oc	1894	7
4			
The person signing thi that he has authority to d it are true. Malse certific	s applicat o so and cation is a	that all statem criminal offen	ents in se.

June 4-43 Change of Applicant or authorized agent)

Jones (Lest name of head of family)	ERMEST	H (Initial)	KEND, ID)	9 HO	
RFD # 2 (Mail address, number and street, R. F. D., b	LATH		7 h	Ho	
Pfint below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.					
Print first name, middle initial, last name of each person to receive ration book			Year Year	Leave Blank	
1 Ernest H. Jones 2 Mabel P. Jones			1894	7	
4					
The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A lalse certification is a criminal offense.					
fane 4-43	EH Gone	e			
(Date)	Signature of applicant of	or authorized	l agent) 16—	33916-1	

Jones	Henry		1	Kendrick	
(Last name of head of family)	(First name)		(Initial)	(City or post office)	
Route #2 Box #2 Tatah  (Mail address, number and street, R. F. D., box number, etc.)				Id al	10
			1 00	NOT WRITE HE	en en
Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.					
Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each FERSON DATE OF BIRTH Leave Blank TO RECEIVE RATION BOOK					
1Edward Arthur Jones			1	1 43	2du
3 Birth					
4 SW.					<u> </u>
The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.					

(Date)

Mrs. Kenny tensed (Signature of applicant or authorized agent) 16-33916-1

JONES	HENTY	1	tend.	rici	
(Last name of head of family)	(First name)	(Initial) (	City or post off	ice)	
9. E. Foste (Mail address, number and street, R. F. D., b		L 3	I dAh	0	
		1 DO N	OT WRITE HER		
Print below full name and date of b application. If person listed above receive a book at this address, repeat	as head of family is eligible to	4-2	211		
Print first name, kiddle initial, last name of each person to receive ration book M			Year Year	Leave Blank	
, HeNry Jo.	July	1902	48		
Allie M. Jones MA			1912	5	
3 Lee H. J.	ONES	Jan	1935	.b.	
4 George I J	ONES	June	1937	7	
The person signing this application certifies to OPA  The person signing this application certifies to OPA  that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.					
(Date)	(Signature of applicant	or authorized	agent) 16	23016-1	

	Jump	Kev	WI	Tend	hick
	(Last name of head of family)	(First name)	(Initial)	(City or post of	lice)
	(Mail address, number and street, R. F. D., bo	x number, etc.) LATA (County)	h	TdA (State)	40
)			DO N	OT WRITE HER	1
	Print below full name and date of bi application. If person listed above receive a book at this address, repeat	as head of family is eligible	to 11	728	
)	Print first name, MIDDLE INITIAL TO RECEIVE RATI		Month Month	OF BIRTH Year	Leave Blank
	1 MARJONIE	2 Jump	Oct	1938	0
70	2 Thomas	A. Jump	April	1941	-6-
	3 ClAYTON	Jump	JAn.	1943	×
7	4 Phyllis	Jump	MArch	1920	3
	IF MOR	E SPACE IS NEEDED USE BACK OF CA			
	698096 <b>DU</b>	The person signing t that he has authority to it are true. A false cert	do so and th	nat all stateme	nts in
(	1. 9 1948	Phylli-	Lu	mo	
	(Date)	(Signature of applican	t or authorized	agent)	3916-1

KARLSON	LINUS	L KENNR
(Last name of head of family)	(First name)	(Initial) (City or post office)
(Mail address, number and street, R. F. D.	, box number, etc.) LATA	n TOAHO
application. If person listed above	f birth of each person included in the we as head of family is eligible to at that name on the first line below	0 1 0 1 0
Print first name, middle init	FIAL, LAST NAME OF each PERSON ATION BOOK	Month   Year   Leave
IKARLSON	K. LINUS	nov 1869 7
2KARLSON	A. CHARLOT	e, 7-6-1861 8
3		
4		
697862 DU	that he has authority to	nis application certifies to OPA do so and that all statements in fication is a criminal offense.
1.00 9-1944	Karl L. Ka	rlson
(Date)	(Signature of applican	t or authorized agent) 16-33916-1

Albin Kendrick Kanikkeberg (First name) (Initial) (Last name of head of family) (City or post office) Latah Idaho (Mail address, number and street, R. F. D., box number, etc.) (County) (State) DO NOT WRITE HERE Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below. DATE OF BIRTH Leave Print PIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON Blank Year TO RECEIVE RATION BOOK 1896 Albin O. Kanikkeberg Aug 1901 Nov. Mamie A. Kanikkeberg 1926 Oswald Kanikkeberg Feb. 1928 Jordon S. Kanikkeberg IF MORE SPACE IS NEEDED USE BACK OF CARD The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

(Signature of applicant or authorized agent)

June 1st, 1943.

KEENE	WADE	T	KEN	ADDICK
(Last name of head of family)	(First name)	(Initial)	(City on	post office)
(Mail address, number and street, R. F. D., bo	x number, etc.) / ATAH		10/	A HO
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	as head of family is eligible to	1.1.	O G	3
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATI		Month	E OF BIRTH	LUCISVO
WADETK	EENE	mac	2 18	89 4
MARYE	KEENE	July	18	95+5-
3 MEREPOSA	KEENE	and	18	566
4	/	0		
698032 <b>DU</b> 19 MOR	The person signing this that he has authority to dit are true. A false certification of the second o	applica	that all s	tatements in

May 26 (Date)

(Signature of applicant or authorized agent) 16-

Hent	Edgar	n	end	rich
(Last name of head of family)	(First name)	(Initial)	7000-	
(Mail address, number and street, R. F. D., bo	x number, etc.) Lata (County)	h 1	(City or post	) O
Print below full name and date of bis application. If person listed above receive a book at this address, repeat to	as head of family is eligible to	11	13 8	
Print first name, middle initial, to receive ratio		Month O	Year Year	Leave
I Edgar Ke	nt	Aug	1889	9
2 Enema Ke	nt	Aug	1892	90
3		0,		
4				
697895 <b>DU</b> 19 MOR	The person signing thi that he has authority to d it are true. A false certification of the control of the certification of the certifi	s application	at all stateme	ents in
June 9	odgar Ti	ent		******
(Date)	(Signature of applicant	or authorized	agent) 16-	33916-1

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LI	NES ON OTH	ER SIDE	FIRST
Print first name, middle initial, last name of each ferson not listed on other side	Month O	F BIRTH Year	Leave Blank
5 JEAN C. JONES		1940	8
6			,
7			
8			
9			
10			
11			
12			I
IF THERE ARE MORE THAN 12 PERSONS, COMPLETE AT	NOTHER AP	PLICATIO	N

DO NOT WRITE IN THIS SPACE

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION FOR PERSONS NOT INCLUDED IN THIS ONE

### USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

Print were wann, medden eneplal, last name of each person	DATE G	P BIRTH	Leave
NOT LIBERD ON OTHER SINE	Month	Year	Blank
5 Donna Mae Kanikkeberg	Mar.	1936	7
6 Ann Kay Kanikkeberg	July	1937	8
7			
8			
9			
10			
11			
12			1

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION FOR PERSONS NOT INCLUDED IN THIS ONE

KLETA	ALBERT	15	ENDY	ich
(Last name of head of family)	(First name)	(Initial) (	City or post off	ice)
	LATAR	1	- DA	40
(Mail address, number and street, R. F. D.	., box number, etc.) (County)		(State)	1
application. If person listed abo	of birth of each person included in this ove as head of family is eligible to eat that name on the first line below.		2 3 3	
	TIAL, LAST NAME OF each PERSON RATION BOOK	Month C	Year Year	Leave Blank
1 ALBEYT	KLETH	12/5	1859	2
2 MAYY	HLETT	9/23	1870	3
3 IN GWALD.	M. KLETh	2/16	1878	4_
4 MLE . A.	KLETA	5/7	1700	3
697839 <b>DU</b>	The person signing the that he has authority to cit are true. A false certification of the second of	is application	at all statem	ents in
	(Signature of applicant	or authorized	agent) 16-	33916-1

(Date)

KNUTSON  (Lest name of head of family)	MIKE		END		4
R.F. D. "2 BOX 44"	LATAI	Hamilian (	A A A	10	
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	rth of each person included in this as head of family is eligible to that name on the first line below.	1/1/	WRITE HER	P	1
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATI		Month 9-9	Year 1865	Leave Blank	
2 AMANDA KI 3 CARL J. A. I	NUTSON YNUTSON	*	1878	9	
4 ELSIE M. K	MUTSON  B BRACE IS NEEDED USE DACK OF CARRY  The person signing this	s application	1922	OPA	

(Date)

that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

MRS MIKE KNUTSON

(Signature of applicant or authorized agent)

Knytson	Osc	- 27	R		
(Last name of head of family)	(1	First name)	(Initial)	(City or post	office)
Kendrick		Lata	6	Ocha	ho
(Mail address, number and street, R. F. D., bo	x number, etc.)	(County		(State)	
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	as head of f	amily is eligible	this to a	H 4 9	RH
Print first name, middle initial to receive ratio		F each PERSON	Month	Year Year	Leave
1 asan R.	meet	son	DE	c 1916	
2					
3 4 2 2					
. 8708,24 DW	The	e person signing the has authority the true. A false ce	this applica	that all statem	nents in
pho pho (	Does	n R	Ton	doo	1
(Dato)		(Signature of applie	eant or authori	zed agent) 16-	-83916-1

Knotson	Ray	1	4 X	endri	eK
(Last name of head of family)	(rist name)	(1)		ity or post off	
R.F. O. # 1		atah	10	Idah	0
(Mail address, number and street, R. F. D., be	ox number, etc.)	(County)		(State)	
Print below full name and date of b application. If person listed above receive a book at this address, repeat	as head of family is	eligible to	2 5 9	O 2	
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RAT	TON BOOK	BON	Month O	Year Year	Leave Blank
Ray Knutso	n	C	et.	1917	2
2 Dorothy Knut	son	C	et.	1920	3
3					
4	**********				
697902 <b>DU</b> 17 MOR	that he has au it are true. A	signing this a thority to do s false certificati	on is a cr	iminal offens	ents in
(Date)	Signatur	of applicant or a	uthorized a	gent) 16—(	3916-1

Knutson Ray (Last name of head of family)	H. K	endy.	c.K
R.F.D.# Latak  (Mail address, number and street, R.F.D., box number, etc.)		Ida k	0
Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.		WRITE HER	
Print first name, middle initial, last name of each person to receive ration book	Month	F BIRTH Year	Leave
Peggy B. Knutson	Ost.	1943	1
3-Birth "	1		
The person signing this that he has authority to de	s application	n certifies to	OPA ents in
it are true. A false certific	ation is a ci	iminal offens	se.
Oct. 28 1943 Mrs. Kay (Signature of approximation)	or authorized	agent) 16—	33916-1

1	KORTEMEIER HENRY (Gast name of head of family) (Grist name)	(Initial)	KEND	
	R2 GATAH	(Initial)	T DA	ffice)
	(Mail address, number and street, R. F. D., box number, etc.)] (County)  Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.		(State) NOT WRITE HER	b
	Print FIRST NAME, KIDDLE INITIAL, LAST NAME OF EACH PERSON TO RECEIVE RATION BOOK	Month 77	Year	Leave Blank
IR	OGRACES KOYTEMEIER	SEPT3	1900	3
蛇	4	Jarn Z	1 7437	7
	697884 DU MORE SFACE IS NEEDED USE BACK OF CARE The person signing thi that he has authority to d it are true. A false certific	s applicati	hat all stateme	ents in
	MALLON MOSHENRY	KAR"	TEME	IER

(Signature of applicant of authorized agent) 16-33916-1 141 Day 3

# PHYKENDALL WAYNE 8. HENDRICK DAICH STOR NEZPIENCE DOANO DO NOT WHITE HERE Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below. Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON DATE OF BIRTH TO RECEIVE RATION ROOK Month IF MORE SPACE IS NEEDED USE BACK OF CARD The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

(Date)

(Signature of applicant) authorized agent)

# KUYKENDALL (Last name of head of family) (Mail address, number and street, R. F. D., box number, etc.) DO NOT WRITE HERB Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below. DATE OF BIRTH Print PIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON Month Blank TO RECEIVE RATION BOOK IF MORE SPACE IS NEEDED USE BACK OF CARD The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense. 16-33916-1

LA HATT	1	EE	15	KEN.	DRIC
(Last name of head of family)	(	First name)	(Initial)		
# 93		1 121		TOTES OF	post office)
		LATA	17	IDA	HO
Mail address, number and street, R. F. D., bo	x number, etc.)	(County		(St	
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	as head of f	amily is eligible	to	NOT WRITE	HERE
Print pirst name, middle initial to receive rate		r each PERSON		TE OF BIRTH	Leave
		11 000	Month		The Parket St.
1 MRS VIOLET A	1-441	TAR	SUL	Y 189	24
2 L.S. LAKA	TT		MA	Y 188	15
3					
4	)	-			
IF MOR	E SPACE IS NEE	DED USE BACK OF C.	ARD		
698066 DU	that h	person signing to true. A false cert	do so and	that all sta	tements in
5-21-43	研	Jak	all or authorite	ed agent)	16
(Date)		1		The state of the s	16-33916-1

### USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print purst name, myddin inppial, last name of each person	DATE O	P REDIE	Leave
	NOT LINTED ON OTHER SIDE	Month	Year	Blank
5	RICHARD & KMYRENDAI	Lhor	1928	6
6	WILLIAM, B	Dec.	1929.	1
7				
8				
9				
10			760/	
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION FOR PERSONS NOT INCLUDED IN THIS ONE

A CONTRACTOR OF THE PROPERTY O	LARSON ALLA INEVIARA
	(Last name of head of family) (First name) (Initial) (City or post office)
LANGDON HARRY L KENDRICK	nesperce il da.
(Last name of head of family) (First name) (Initial) (City or post office)	(Mail address, number and street, R. F. D., box number, etc.) (County) (State)
Mail address, number and street, R. F. D., box number, etc.)  (County)  (County)  Do Not Warth Here	Print Bélow full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.
Print below full name and date of birth of each person included in the	Print First Name, MIDDLE INITIAL, LAST NAME, OF each PERSON DATE OF BIETH Leave Blank
Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.	TO RECEIVE RATION BOOK Month Year Blank
Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON DATE OF BERTH Leave Month   Year Blank	1 ALEX LARSON gan 1896 6
HARRY L LANGDON Sept 1888 8	2 A I L) EMI A R SO 1/1 Pray 1892 7
2 EMMA L LANGDON OCT 1893 9	4
BLDDY A LANGDON SEC 1721 30	IF MORE SPACE IS NEEDED USE BACK OF CARD
4 ERMA Que LANGDON Jan 1929 1	The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.
The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.	
	(Date) (Signature of applicant or authorized agent) 16-33916-1

THE KILL AND LONG THE THE SHOP AND ADDRESS OF THE PARTY O

1 DONIA

------(Date)

16-33916-1

------(Signature of applicant or authorized agent)

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Leith	Estessa	C	Keno	1010
(Last name of head of family)	(First name)	(Initial)	City or post o	office)
(Mail address, number and street, R. F. D., bo	x number, etc.) (County)	1	(State)	
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	as head of family is eligible to	11/11	273	
Print first name, MIDDLE INITIAL		-	OF BIRTH	Leave Z
TO RECEIVE RATI	ON BOOK	Month	Year	Diank
1 Estilla	Teith)	00	1881	7
2				
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TR MOI	E SPACE IS NEEDED USE BACK OF CAR	D		
698022 <b>DU</b>	The person signing the that he has authority to cit are true. A false certification	is applicati	that all stateme	ents in
June 8	Cotella	Lei	the	
(Date)	(Signature of applicant	or authorize	d agent) 16—	33916-1

Lien Ed	EK	endr	ick
(Last name of head of family) (First name)		City or post off	
R. 2 Box 15 hata (Mail address, number and street, R. F. D., box number, etc.) (County)	hla	dah	6
Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.		5 2	7
Print first name, middle initial, last name of each person to receive ration book	Month C	Year Year	Leave Blank
1 Ed E. Lien	Oct 5	18	4
Mrs, Ed Lien	Jan 29		5
3 Margaret Lien	Syt 3-	1915	6
4			
IF MORE SPACE IS NEEDED USE BACK OF CARI	D		
The person signing the that he has authority to dit are true. A false certific	o so and the	at all stateme	ents in
Mars 3 01934 mus Ed	Lie	n.	
(Signature of applicant of	or authorized s	gent) 16-3	3916-1

Lien (Last name of head of family)	Halvor	(Initial)	Kendri	ck-
Mail address, number and street, R. F. D., bo	Idah	0		
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	orth of each person included in t as head of family is eligible that name on the first line belo	חופ	O NOT WRITE HER	
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATI		Mont	te of Birth h Year	Leave Blank
1 Halvor E. Lie	n	Dec	1877	8
2 Hilda P. Lien		-Oct	1885	9
3				
4				<u> </u>
697875 <b>DU</b> Lune 3-1943	The person signing that he has authority to it are true. A false cer	this applic	that all statem	ents in
(Date)	(Signature of applica	nt or authori	zed agent) 16-	33916-1

LIEIN	HAINS	1	ENDI	710
(Last name of head of family)	(First name)	(Initial)	(City or post	office)
H2	LATAH	1	DAH	10
(Mail address, number and street, R. F. D., bo	ox number, etc.) (County)		(State)	
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	as head of family is eligible to	1 1	7 3 4	
Print first name, middle initial to receive rati		Month (	Year Year	Leave Blank
HANS LIE	//V	SEPT.	1870	0
ANDREW	JEN	F.E.B	1867	/
CARRIE SOLI	LIE	MAY	1871	2
4				
697837 <b>DU</b> 19 MOI	The person signing the that he has authority to dit are true. A false certification	s application	at all stateme	ents in
Vans. 101/943. +	TAINS LIE	W		
Marie Control	(Signature of applicant	or authorized	agent) 16-	83916-1

	LIEM	OLE	Kendrick
	(Last name of head of family	y) (First name)	(Initial) (City or post office)
	ENDRICK		h I DAho
V	(Mail address, number and street, R	.F.D., box number, etc.) (County)	(State)
*	application. If person listed	late of birth of each person included in the labove as head of family is eligible, repeat that name on the first line belo	to //
re		E INITIAL, LAST NAME OF each PERSON ELVE RATION BOOK	Month Year Blank
	1 OLE	LIEN	MAY 1865 9
	2 AHHA	PETRA LIEN	JULY 1866 3
	3 EVAN	LIEN	Sept. 1890 4
	4 HENRY	LIEU	a vgvsr1901 5
	697838 <b>DU</b>	that he has authority to	this application certifies to OPA odo so and that all statements in iffication is a criminal offense.
11	1ay 31, 1943	Henry	t or authorized agent) 16-33916-1

P	aul	A		Ke	and	rin	-1-
(First name)		(Init	ial)	(Ci	ty or	post of	lice)
oox number, etc.)	Latah (County)				lda	ho	
pirth of each per	rson included in this	_	DO	NOT			n
as head of fa	mily is eligible to	2	6	9	2	3	
L, LAST NAME OF FION BOOK	each PERSON	N			-	-	Leave Blank
		N	ov	e .	18	95	2
ad		F	eb	a			3
		_0	ct				4
d		J	un	e .	19	26	5
The that h it are	person signing this e has authority to de true. A false certific	app so sation	and is a	crin	all s ninal	offens	ents in
	OX NUMBER, etc.)  Dirth of each pe as head of fithat hame on L. LAST NAME OF TON BOOK  AND THE SPACE IS NEED THE that h it are	Latah  (County)   Latah  Latah  Latah  (County)  or number, etc.) (County)  orth of each person included in this as head of family is eligible to that name on the first line below.  L. LAST NAME OF each PERSON  NO BOOK  RE SPACE IS NEEDED USE BACK OF CARD  The person signing this app that he has authority to do so it are true. A false certification  Adult (L. A.	Latah  Latah  County  Dirth of each person included in this as head of family is eligible to that name on the first line below.  L. LAST NAME OF each PERSON  Month  Mov.  A Data Month  Mov.  The person signing this applicate that he has authority to do so and it are true. A false certification is a data.	Latah  County  Latah  OX Number, etc.)  County  Oirth of each person included in this as head of family is eligible to that name on the first line below.  Last Name of each person  Nove  Peba  Oct.  June  The person signing this application that he has authority to do so and that it are true. A false certification is a crin	Latah Ida  Latah Ida  Son number, etc.) (County) G  Son number (County) G	(First name)  Latah  (City or post of Latah  (City or post of Latah  (City or post of Latah  (County)  (Co	

Lohman	CARL	W	KENDR	ick
(Last name of head of family)	(First name)	(Initial)	(City or post of	flice)
	LATAA (County)		DAH	2
(Mail address, number and street, R. F. D., bo		1 70	NOT WRITE HER	
Print below full name and date of be application. If person listed above receive a book at this address, repeat	as head of tamily is elikible to	20	450	
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I CARL W. Loh	max	MAR		6
2 HATTIE M	LohmAn	17.17	1172	
3				
4		-		
698045 <b>DU</b> 19 MO	The person signing the that he has authority to it are true. A false certification of the second sec	is application		
June 1	CARL W. Long	m A T	l agont) 16	33916-1

## USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

Print PIRST NAME, MIDDLE INSTIAL, LAST NAME OF GOCH PERSON	DATE C	of Builth	Leavo
NOT LISTED ON OTHER SIDE	Month	Year	Blank
Ration Books mo	Med	70	
6 Henry Lions			
7 RADO A	p.		
8 Hendrick Id	ah	12	
9			
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11			
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IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION FOR PERSONS NOT INCLUDED IN THIS ONE

Lohman	Herman	CK	endr	iek	
(Last name of head of family)	(First name)	(Initial) (C	ity or post offi	ice)	
		10	laho	100	
(Mail address, number and street, R. F. D., be	ox number, etc.) (County)		(State)	_ ^	STATE OF THE STATE OF
Print below full name and date of b application. If person listed above receive a book at this address, repeat	as head of family is eligible to	11/11	8 7	NA.	
Print first name, middle initiated to receive rat		Month Month	Year Year	Leave Blank	
1 Herman C.	Lohman	march	1867	3	
2 Amelia 40		march	1867	4	
3					
4				<u> </u>	
698027 DU 19 MOI	The person is needed use back of carl the person signing the that he has authority to d it are true. A false certification of the control of	s application o so and the cation is a cr	iminal offen	OPA ents in se.	
(Date)	(Signature of applicant of	or authorized a	gent) 16—	33916-1	

- V 11/V 17/V				
(Last name of head of family)	(First name)	((Initial)) ((	City or post off	ice)
MENDRICK fail address, number and street, R. F. D., be	x number, etc.) WEZPER	CE	I bAH	0
Print below full name and date of bipplication. If person listed above eceive a book at this address, repeat	rth of each person included in this	116	8 0	by
Print first name, middle initial to receive rate	on book	Month	Year Year	Leave Blank
HERMAN F.	LOHMAN	арк. 29	1900	9
VERNE LO	HMAN	Oct	1926	1,0
EVERETT LO	HMAN	00 20	1423	
ARETTY LON	MAN	apr. 29	1730	2
	THE PACK OF CARD			

HERMAN

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

June 9-1913

Verman F. John

Edme	Edgar	ten	drict
(Last wome of head of family)	(First name)	(Initial) (City or	post office)
	hatak		40
(Mail address, number and street, R. F. D., bo	x number, etc.) (Count		ate)
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	as head of family is cligibl	e to	4 D2
Print first name, middle initial to receive ratio		Month   Yes	Leave Blank
1 Edo 37 Lo	on e	Au. 917/8	000
2 Fearle Lo	763.	Marg 189	941
3 2 3 4 7 9 0	Long	NOV11/9	22 2
4			
698076 <b>DU</b> по мол	that he has authority	this application certific to do so and that all sta- ertification is a criminal c	atements in
M& V 201943 1	Mrs. Ed Qd	rhone	
(Date)	(Signature of appli	cant or authorized agent	16-83916-1

* LONG	ELBERT	T	MENE	DRICA
(Last name of head of family)	(First name)	(Initial)	(City or post of	lice)
	LATA	H	IDA	HO.
(Mail address, number and street, R. F. D.,	box number, etc.) (County)		(State)	
Print below full name and date of application. If person listed abov receive a book at this address, reper	birth of each person included in this e as head of family is eligible to at that name on the first line below.		7762	
Print FIRST NAME, MIDDLE INTO		Mon	th Year	Leave Blank
ELBERT.	T. LONG	10	1889	0
2 ANNA	LONG-	10	1899	1
3 ELBORT.	T. LONGJu	13	1926	2
4 MAURICE	R. LONG	3	1928	1.13.
697966 DU **  6/1/43 E	ORB BRACE IS NEEDED USB BACK OF CAR!  The person signing thi that he has authority to d it are true. A false certific liberty was a second of the second of	s applie o so an cation is	d that all statems a criminal offen	ents in
(Date) B	(Signature of a Blicant of	r author:	ized agent) 16—	38918-1

LONG	FRANK	M	KEND.	RICI
(Last name of head of family)	(First name)	(Initial)	(City or post o	ffice)
(Mail address, number and street, R. F. D., b	X 7 /AT	AH	LOA!	40.
Print below full name and date of b application. If person listed above receive a book at this address, repeat	as head of family is eligib	le to	NOT WRITE HER	0
Print first name, middle initial to receive rat	TON BOOK	- Mont	TE OF BIRTH	Leave
1 TRANK. M	LONG	4	1894	8
2 MARTHA.	M. LOIVG		01700	7
3 TLORA	L. LONG	8	1861	80
4				
697962 <b>DU</b> 17 MOI	The person signing that he has authority it are true. A false of	g this application to do so and certification is	a criminal offen	ents in
(Dayle)	(Signature of appl	leant or authori	zed agent) 16-	33916-1

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Lowery (Last name of head of family)	Marion (First name)	(Initial)	Kendn (City or post	ict
(Mail adiress, number and street, R. F. D., bo	Jong Latal		Idal (State)	
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	as head of family is eligible to		WRITE HER	III
Print first name, middle initial to receive rati		DATE Month	OF BIRTH Year	Leave Blank
1 Marion E.	Lowery	Feb	1908	6
2			-	
3			-	
4	RE SPACE IS NEEDED USE BACK OF CAR	D 0	-1	
242967 DW	The person signing the that he has authority to come are true. A false certification	is application	nat all stateme	ents in
Jun 1/943	Marion (Signature of applicant	of authorized	ery (16-	33916-1

Lucken	Ju	st	N.	Ken	drick
(Last name of head of family)	(Firs	t name)	(Initial)	(City or po	ont office)
Iten drick	125 m number, etc.)	Latal		Ida	cha
Print below full name and date of b application. If person listed above receive a book at this address, repeat	irth of each perso		XX	982	G C
Print PIRST NAME, MIDDLE INITIA TO RECEIVE RAT	ION BOOK		Mont	-	-
1 GUST N. L.L. 2 MARGARET H.	Luck	len (	The state of the s	rch 18	Control of the last of the las
3					
698039 <b>DU</b>	that he it are tr	person signing the has authority to cue. A false certification of applicant	o so an cation is	Ren Ren	offense.
(Date)					and the state of

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LUNDERS	Louis	8	KENT	20:0
(Last name of head of family)	(First name)	(Initial)	CHU	MIC
Box # 73 (Mail address, number and street, R. F. D., bo	ox number, etc.) LATAP	1	9DA	Ho.
Print below full name and date of b application. If person listed above receive a book at this address, repeat	as head of family is eligible to	04	NOT WRITE HER	
Print first name, middle initial to receive rate		Month	Year Year	Leave Blank
1 Louis & Lu	NDERS	8	1901	1
2 ETHEL. E. LU		2	1906	8
3 Louis H. Lu		2	1926	9
ALEONARD L. L	UNDERS.	2	1926	50
698074 DU DE MOI	The person signing this that he has authority to de it are true. A false certific	applicat	that all stateme	ents in
6-1-43 X	Ma ETHEL, E (Signature of applicant of	LU or authorize	NDE d agent) 16—	P5.

42c Donald John (Cast name of head of family) (First name)	J. Kendrick
Gen Del (Mail addres, number and street, R. F. D., box number, etc.) (County)	Idaho
Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.	DO NOT WRITE HERE
Print first name, and the initial, last name of each person to receive ration book	Month   Year Blank
1 John James Macdonald	Sept 1888 70
2	
3	
4	
The person signing this that he has authority to do it are true. A false certific	application certifies to OPA o so and that all statements in action is a criminal offense.
John James M	zeDonald
(Signature of applicant	or authorised agent) 16-03916-1

(Date)

#### USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

Print first name, middle initial, last name of each person	DATE O	Leave	
NOT LISTED ON OTHER SIDE	Month	Year	Blank
5DOROTHY LEHMAN	July 17	1932	3
6 LACK LOHMAN	78 9	1934	4
7 GERALD LOHMAN	Sept 23	1935	5
8 ERMA LOHMAN	706 27	1937	0
DALE LOHMAN	Sept 15	1939	7
10	0		
11			
12			

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LIN	And the Party and Publishers and Party and Par	OF BIRTH	Leave
Print first name, middle intrial, last name of each person not heved on other side	Month	Year	Blank
SPATRICAL LONG	8	1932	4
7			
8			
20			
11			
79			

DO TAGY ATTENDED OF THE

MASON	LOWELL	W	KENDR	ICK		Maso W	id La	Well (First name)	W.	KCNdi (City or post of	ick (Fice)
(Last name of head of family)	(First name)	(Initial)	(City or post off	ice)		(Individual of new of real		1		- 1 1	
			Ida	les		(Mail address, number and street	R. F. D. box number, et	Latan (County)		Idah (State)	2
(Mail address, number and street, R. F. D., bo	ox number, etc.) (County)		(State)		<b>建</b> 多数的基础的				DO	NOT WRITE HER	Б
Print below full name and date of bapplication. If person listed above receive a book at this address, repeat	irth of each person included in the as head of family is eligible to	is to 45	S29	0		Print below full name and application. If person list receive a book at this addre	ted above as head of ess, repeat that name	family is eligible to on the first line below.	24	122	
		DATE	OF BIRTH	LLoove		Print FIRST NAME, MI	DDLE INITIAL, LAST NAME RECEIVE RATION BOOK	OF each PERSON	Month	OF BIRTH	Leave
Print first name, middle initial to receive rat.	ION BOOK	Month	Year	Blank		101	A LA		Within	1001	11
D	11 M - Carl	Tun	1943	2		1 Lowell 1	V. 10 a SOA	(	Dec	1907	14
1 Kich ard Lowe	II WERON	JUN	-1-1-1-0			· Velma b	Masan L	1	Feb	1913	5
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(Signature of applicant or authorized agent)

33916-1

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1 RAYINONBZORBENMATTOON.	13	2
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(Signature of applicant or authorized agent)

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1 Walter L 2 Norma L	May	(	Mar	1913	90
3 Walter B 4 Dora Dean	May	Y	July	1931	2
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(Date)		(Signature of applicant	authorized	agent) 16-	33916-1

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1 Warney H. May	Jul	y 1883	2
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(Date)

dug 31-1943 Mary Christina Mcallister (Signature of applicant or authorized agent)

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1 WALTER. N. MO	CALL	MAR	. 1901	0
2 BETTAQ E. MC		JULY	1906	
3 WALTEY, G. Mc	CALL	MAR	1927	2
4 RICHArd J. Mc	CALL	Aug	1928	3

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

Valter n. mc Call

(Signature of applicant or authorized agent)

Kendrick McCoy Mason (Initial) (Last name of head of family) (First name (City or post office) R.F.D.#2 (Mail address, number and street, R. F. D., box number, etc.) (County) DO NOT WRITE HERE Print below full name and date of birth of each person included in this application. If person listed above as head of family is cligible to receive a book at this address, repeat that name on the first line below. Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON DATE OF BIRTH Leave Month Year Blank TO RECEIVE RATION BOOK Feb 1870 Mason McCoy Mch. 1872 Anna Webber Frank B. Webber IF MORE SPACE IS NEEDED USE BACK OF CARD The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense. June 1. 1943

(Date)

(Signature of applicant or authorized agent)

#### McCreary (Last name of head of family) (First name) (Initial) (City or post office) Kendrick Gox Latah Idaho Mail address, number and street, R. F. D., box number, etc.) (County) (State) DO NOT WRITE HERM Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below. DATE OF BIRTH Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON Lanva Year Blank TO RECEIVE RATION BOOK WPliam E. McCreary

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Patrica J. McCreary

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The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

(Signature of applicant or authorized agent)

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6/1/43 00	(Signature of applicant	orantiorized agent) 16-33916-1
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1 George W. McKe	ever		Apr	il 1897	8		
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The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.							

Jeos W. Melsewer

(Signature of applicant or authorized agent)

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M'DOWELL .	THOMAS		NE,	NIN	PICI
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The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.  (Signature of applicant of atherized agent)  (Cate)	The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.  The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.  The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.  Show the person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

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Millord	Flo	yd	J	Kendr	icts	
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(Signature of applicant of authorized agent) 16-339

Miller	Donald	A Kendrick							
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2 Eula W.	Miller	January 1902 /							
3 Donald D. /	Miller	March 1924 2							
4 Wallace D.	Miller	April 1929 3							
The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.									
Tune 4 1943 /	Wonald a	miller							
(Date)	(Signature of applicant of	or authorized agent) 16-33916-1							

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MooRE (Last name of head of family)	CHARLEY	(Initial)	ENDR City or post off	ich			
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Morell (Last named head of family)	Walton	S.	Kendr	ick				
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				Committee of the same				
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Moser	Wilme	r	M.	Kend	vie	
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1 Roy H. Mar.	Jurray	May	1902 1				
3 Mark F. M.	urray	March	1933 2				
4 Gordon R. M	lupray	March	1935 3				
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that he has authority to do so and that are true. A false certification is a criminal offense.							
June 1, 1943 Miriam Cloud Murray (Signature of applicant or authorited agence V16-33916-1							
(Date)	7 (Signature of applicant	or authorize	d agents V16-33916-1				

	1		-
Needham Arthur (Lest name of head of family) (First name)	C K	EN d	rick
Geneval Delivers LAth.  (Mail address, number and street, R. F. D., box number, etc.)	1	dAh.	2
Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.	241	405	1.0
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4 Kew			
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Dec 10,1943 (Signature of applicant	or authorized	edh	33916-1

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melson	albert	+	Kens	Crie			
(Last name of head of family)	(First name)	(Initial)	(City or post o	ffice)			
Latah Idah							
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1 Karen 2	2	1945					
2							
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4							
The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.							
	(Signature of applicant	or authoriz	ed agent) 16—	33916-1			

(Date)

# (Initial) (Last name of head of family) (Mail address, number and street, R. F. D., box number, etc.) WRITE HERB Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below. Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK IF MORE SPACE IS NEEDED USE BACK OF CARD The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense. (Signature of applicant or authorized agent) 16-33916-1

Ne 250 h (Last name of head of family)	Ed win	P 4	endric				
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Print FIRST NAME, MIDDLE INITIA TO RECEIVE RAT	AL, LAST NAME OF Each PERSON FION BOOK	Month	Year Leave				
1 Roger E. Ne	.)son	March	1945				
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The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.							
3-30-45- C	Signature of applica	ant or authorized	agent) 16-33916-1				

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Mail address, number and street, R. F. D., bo Print below full name and date of bi application. If person listed above receive a book at this address, repeat	rth of each person included in this	1-1-1	(State) NOT WRITE HERE	
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2 ERNA I. 3 Richard A	Nelson		1916	3
698044 <b>DU</b> EP MOR	The person signing this that he has authority to dit are true. A false certific	s application	nat all statements	)PA s in

Edwin R. Nelson
(Signature of applicant or authorized agent)

				S. L. S. A. P. C. S. L.	March			
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(Last name of head of family)	(First name)	(Initial)	(C	ity or post offi	ce)			
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Print first name, middle initial to receive rati	ON BOOK .	Mont	100	Year	Leave			
James S. Nelso Selma Nelson	n	Fe	b. g.	1871	5			
3 Lester Nelson		Fe	b-	1905	2			
4 Pearl Nelson		T-e	Green.	J	-0			
The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.								
L. M. W. M. Marker of Marker &	(Signature of applicant of	nuthor	zed ag	tent) 16-3	3916			

NELSON Cast name of head of family)	JOHANNA	HK	END	RIC
Route 2 (Mail address, number and street, R. I	P.D., box number, etc.) LATAL	+ 8	dale (State)	Dee)
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#### NESBIT BENJAMIN (Last name of head of family) (First name) (Initial) (City or post office) KENDRICK TDAHO (Mail address, number and street, R. F. D., box number, etc.) (County) \_ (State) Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to DO NOT WRITE HERE receive a book at this address, repeat that name on the first line below. Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON DATE OF BIRTH TO RECEIVE PATION DOOR Vear Month B. F. NESBIT FEB. 20 ANNA NESETT

IF MORE SPACE IS NEEDED USE BACK OF CARD

The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

698036

(Signature of applicant or authorized agent)

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IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION POR PERSONS NOT INCLUDED IN THIS ONE

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4 Betty, M. Olmstead	3	37	
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OLSON -	EUCENE	0	KEND	Aic.		
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(Date)	(Signature of applicant	or authorize	ed agent) 16-	33916-1		

BLSON	G A	O. KE	NARIC			
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1 LEONARD	a OLSON	3-29	1908			
2 WILFORD	1. 0450N	17-8/	909			
3 FUDENE C	OLSON	7=11 /	904			
4 FLORENCE	POLSON	3-13 /	7/8			
The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.  (Clate)  (Signature of applicant or authorized agent)  (Signature of applicant or authorized agent)  (Signature of applicant or authorized agent)						
(Date)	(Signature of applicant	or authorized agen	16-33916-1			

(Date)

Onstoff Abold H  (Last name of head of family)  (First name)	(Initial) (City or post office)
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1 ADDA PH ODATOTT	Just 19/14 2
2 SARAH. A. SHSTST	1 79 1883 3
4	
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June-2-

(Signature of applicant or authorized agent)

Onstoff	Manning	9	Kendry	il	
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1 Manning a. On	stoff	Dec	1909	4	
2 Elsie M. Onstot	<i>f</i>	aug	1913	5	
3 Geraldine E. Ons	toft	700	1939	6	
4 Raymond M. Drs.	tott	Marc	1 1940	17	
The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.					
Manning a. Onstitt					
(Date)	(Signature of applicant	or authoriz	ed agent) 16-	33916-1	

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(Mail address, number and street.	LaTah	Idaho
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1 HOMER, A. PARKS	7	06	9
2 MARGAST, I PARIS	2	67	YO
3 LINDA, L. PARKS	10	128	
4 LUTHER, Q. PARKS	not.	33	
The person signing this that he has authority to dit are true. A false certific	applicatio		
1 1000 Home a. 1.	ars	6s	
(Date) (Signature of applicant of	or authorized	agenty 16-	-33916-1

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THE BALLEY WATER

#### PEARSON (Initial) (Last name of head of family) PO. BX. #154 (Mail address, number and street, R. F. D., box number, etc.) DO NOT WRITE HERE Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below. DATE OF BIRTH Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON Blank Month TO RECEIVE RATION BOOK I ELLWOOD L. PEARSON 2 NOVA E. PEARSON FRANCES M. SUTTON IF MORE SPACE IS NEEDED USE BACK OF CARD The person signing this application certifies to OPA

that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.

May 31 1943

ELLWOOD L. PEARSON

(Signature of applicant or authorized agent)

PEMBERTON (Lest name of head of family)	Ida (First name)	M. K	ENDR	ct		
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1 IdA M. PEM	BERTON	3	57	0		
2 LUNE R. PEN		11	16	,		
3 ANNA F. PA	MBERTON	4	15	2		
4 NORMAN C. S.	PEKKER	3	5	3		
The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.						
				1		

(Date) 143 (Senature of applicant or authorized agent) 10-33918-1

PERRYMAN	EVA		KE	FOR	ICK
(Last name of head of family)	(First name)	(Initial)	(City	or post o	ffice)
	83 LATAH		Id	o t	20
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2 CLARANCE, F	PERRYMAN				3
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(Date)	(Signature of applicant	or authoris	sed agent)	16-5	3916-1

Peters	Amie!	G Ke	ndrie	K
(Last name of head of family)	(First name)	(Initial) (Cit;	y or post offic	e)
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(Mail address, number and street, tt. F. L	,, box number, etc.)] (County		(State)	
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	ITIAL, LAST NAME OF each PERSON RATION BOOK	Month		Leave Blank
1 Amiel B	. Peters	UHN.21	1884	8
2 S v I via O	Peters	June 17 1	895	.9
3 Irene L	Peters	Aug. 22 1	1925	10
4 Cornelia J.	Peters	Aug. 18 1	927	1-/
ZF	MORE SPACE IS NEEDED USE BACK OF	CARD		1
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1 11943 7	7715 A.G. Te	ters		
(Data)	(Signature of applica	nt or authorized ager	nt) 16—33	916-1

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1 Elmer L. Pet 2 3	ers	Feb	19	17 2
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PETERS	GOYDON	O. KE	THE !
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GOY DON O	. Peters	MOD. 19	13 0
FRANCES	H. Perens	19	13
3 DARLENE	m. Peters	5 19.	35 2
4 WANPA	. Peters	8 19	393
IF MOI	RE SPACE IS NEEDED USE BACK OF CA		
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Nume 1. 1943	Hardan Brown	Beter	· ·
(Date)	(Signature of applican	t ob authorized agent)	16-33916-1

acrife porter George D Ken	Drick
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with low a 1915	
The person signing this application certification is a criminal it are true. A false certification is a criminal MYS VIOLET POY	

(Date)

(Signature of applicant or authorized agent)

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Box No. 1 (Mail address, number and str	02.	ber, etc.) Lat	Ah unty)	(City or post of	ffice)
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3 Shares	POWE	11	APT	1943	9
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(Date)	Ken	ulth A	plicant or authori	elle	-83916-1

Raby	Bina				Kendr:	ick.
(Last name of head of family)	1 0	First name)	(Initial)	((	City or post	office)
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2 Mary Jane E	Blackbur	70	Apr	il	1852	5
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				-	NOT L	stan on	OTHER SIL	) II	-		-	Mouth	Year	Blank
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IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION FOR PERSONS NOT INCLUDED IN THIS ONE

Ramey-	Roy	H	Ke	ndric	k	
(Last name of head of family)	(First name)	(Initial)	(Ci	ty or post offi	ce)	
Box 54	Latah		Id	aho		
(Mail address, number and street, R. F. D., b	ox number, etc.) (County)			(State)	-	
Print below full name and date of be application. If person listed above receive a book at this address, repeat	as head of family is eligible to	0/	9	22		Dy
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1 Roy H Ramey		sep	t	.887	4	
2 Mae S Ramey		Apr.	il	1893	5	-
Jeanne V Ramey		Мау		1917	6	
4 Annie F Crosby		Oct		1862	7	
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(Date)	dignature of applicant of	r author	zed ag	16—(	3916-1	

natubun Inarion	1	Kend	rick
(Last name of head of family) (First name)	(Initial)	(City or post	office)
R. F. D.   Box 32   Latah  (Mail address, number and street, R. F. D., box number, etc.)		Id a H	20
Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.		6 5 2	ERH T
Print first name, middle initial, last name of each person to receive ration book	Month	Year	Leave Blank
1 Pearl I. Rathbun	Jan	1906	1
2 Louis M. Rethbun	day	1936	2
3 Marion L. Rathbun	July	1896	3
4			
The person signing this that he has authority to dit are true. A false certific	s applica	that all states	ments in

may 28

(Signature of applicant or authorized agent)

REIL	HE	NRY	K	END	Ric
(Last name of head of family	) (	First name)	(Initial) (C	City or post of	ffice)
LELAN		NEZ PER	PLE .	IDAI	40
(Mail address, number and street, R	F. D., box number, etc.)	(County)		(State)	
Print below full name and dapplication. If person listed receive a book at this address,	above as head of i	family is eligible to	408	3 4	
Print FIRST NAME, MIDDL TO REC	E INITIAL, LAST NAME OF	F each PERSON	Month	Year Year	Leave Blank
1 HENRY	SEIL		6	1906	c'
2 HENNY A	CEIL		10	1914	
3		The state of the s			
4M					
697993 <b>DU</b>	Th that	e person signing this he has authority to do true. A false certifica	so and that	t all stateme	nts in
	5	Jenny 4	Ker	·C.	
(Date)		(Signature of applicant of	r authorized as	zent) 16—3	33916-1

RILEY		AMEL		+1	ENTIFI	CK
(Last name of head of f	amily)	(F	irst name)	(Initial)	(City or post	icus
		Box 74	LATAH		IdAHO	5
(Mail address, number and stre	et, R. F. D., bo	x number, etc.)	(County)		(State)	
Print below full name a application. If person li receive a book at this add	sted above	as head of fa	mily is eligible	to lo	7 345	
Print FIRST NAME, A	RECEIVE RATIO		each PERSON	Month	Year Year	Leave Blank
1 AMELIA	t Ri	LEY		oct.	1876	1
2 MARY	J. RIL	IEY		10	H 1896	2
3 ALICE 1	7 RIL	EY		July	19.15	3
4						
697889 D	IF MORE	The	person signing to has authority to true. A false certification	his applicat	that all stateme	ents in
				2 0		

May 26 1943

Assolia Reley

Pile J Carri	e L teh Drick
(Mail address, number and street, R. F. D., box number, etc.)	tah IDaho
Print below full name and date of birth of each person incl application. If person listed above as head of family is receive a book at this address, repeat that name on the first	eligible to
Print first name, kiddle initial, last name of each per to receive ration book	Month Year Blen
1Carriel Riles	July 19137
2	
4	
IF MORE SPACE IS NEEDED USE The person	signing this application certifies to OPA
25868DW The person that he has average it are true. A	athority to do so and that all statements in false certification is a criminal offense.
m 92 1943 Carrie Sie	Riley

(Signature of applicant or authorized agent) 16-33916-1

To be	WILLIAM WILLIAM	9	KE	hha	in the	
	CLast name of head of family) (First name)  PADRICK I DAHO, R.2. Yatah	(Initial)	(City of	pr post of	ffice)	
	(Mail address, number and street, R. F. D., box number, etc.) (County)  Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to		DO NOT WE	(State)		1
	receive a book at this address, repeat that name on the first line below.  Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	0	TH OF BIRS	Maria Company	Leave Blank	>
,	MILLIAM ALLEM RILEY	man de la company de la compan	43/	902	4	
1	MATILDA B. RILEY	146	4 19	27	8	
	The person signing this that he has authority to	s applic	ation cert	ifies to	OPA	
	that he has authority to d it are true. A false certific	o so and	l that all a crimina	statemer l offense	its in	
	(Signature of applicant	or authori	zed agent)	16—33	3916-1	

Roberts (Last name of head of family)	Ernest (First name)	P. K.	endri	ick
R.F.D. #	ox number, etc.) Lata (County)	h   1	dah (State)	(e)
Print below full name and date of bapplication. If person listed above receive a book at this address, repeat	as head of family is eligible to	1 - 1	WRITE HERE	D
Print first name, middle initial to receive rate	ION BOOK	Month	Year Year	Leave Blank
Ernest P. Ro Helen Rober		Feb.		2
3Frank W. Rob			1884	3
4	IE SPACE IS NEEDED USE BACK OF CARL		certifies to	OPA
697904	that he has authority to d it are true. A false certific	o so and the	at all stateme	ents in
0	TRR	la ta		

June 2, 1943 Ernest P. Hoberts
(Signature of applicant or authorized agent)

16-33016-1

Poberts	Harold	0.3	end	rica		
(Last name of head of family)	(First name)	(Initial) ((	lity or post of	Bank		
PABI B	number, etc.) (County)	N	11	7		
(Mail address, number and street, R. F. D., bo	32 Humber, etc.//		(State)	-		
Print below full name and date of be application. If person listed above receive a book at this address, repeat	as head of family is eligible to	430	WRITE BER	Py		
Print PIRST NAME, MIDDLE INITIAL	L, LAST NAME OF each PERSON		F BIRTH	Leave		
TO RECEIVE RATE	ION BOOK	Month	Year	Blank		
Herald O Ro	berts	AUG	1897	2		
Norrinah M	Troperts	sept	1908	3		
3 Leonard N 1	roperts	OCT	1931	7		
) 6-3	operts	Mer	1935	5		
4Ce 1.8  15 MORE SPACE IS NEEDED USE BACK OF CARD  The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.						

June 1 43

(Signature of applicant or authorized agent)

Salvis Edw	ard E Edget
(Last name of head of family) (First	name) (Initial) (City or post office)
Keminiak R.F.D.   (Mail address, number and street, R.F.D., box number, etc.)	hatah Idaho
Print below full name and date of birth of each person application. If person listed above as head of fami receive a book at this address, repeat that name on the	ly is eligible to
Print first name, middle initial, last name of ecc. To receive ration book	The PERSON PATE OF BIRTH Leave Month Year Blank
Edward Salvis	August 1896 5
2 Oliver Salvis	March 1804 6
3 Dixie	SEP. 1931 7
4 Granding the Land	15 date 1223
IP MORE SPACE IS NEEDED	USE BACK OF CARD
that he l	erson signing this application certifies to OPA as authority to do so and that all statements in e. A false certification is a criminal offense,
Oung & Edwar	d Salvis
(Date) (Sig	mature of applicant or authorized agent) 16-33916-1

# USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

Print Pirst Name, Myddle inffial, last name of each person		DATA OF BIRTH		Leavo
-	NOT LISTED ON OTHER SIDE	Month	Year	Blank
5	ARLIME, MAY PILEN	ang 21	1930	50
6	MALL SALE NELL	mays.	1932	/
7	DELMER. BALE. ALLEY.	5610	1933	2
8	***************************************			
9	***************************************			
10				in an order
11				
12	000000000000000000000000000000000000000		45-4444-4-4	in the later when

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION FOR PERSONS NOT INCLUDED IN THIS ONE

### USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE PIRST

Print pirst name, medden energal, last name of each person		DATE OF BEITH	
NOT LISTED ON OTHER SIDE	Month	Year	Blank
5 OrVILLE H Roberts	Oct	1936	6
6 LOLITZ MI POBETTS	Sept	1938	Z
7			
8			
9		-	
10			
11			
12		1	

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION FOR PERSONS NOT INCLUDED IN THIS ONE

SCHMIDT	Cera	ld	J	Kendr	ick
(Last name of head of fam (Mail address, number and street,		VEZ PE	rce	Idah	(C
Print below full name and application. If person list receive a book at this address	ed above as head of far	mily is eligible	this e to low.	NOT WRITE HER	
	DLE INITIAL, LAST NAME OF CECTIVE RATION BOOK	each PERSON	Month	Year Year	Leave Blank
	SchmidT		July	- 1916	2
2 V101a I	SchmidT		ang	2. 1920	
4					
697969 DU		person signing	this applica	that all statem criminal offen	ents in
16/43	Gera	ld &	Se	hmio	4
(Date)	(Si	ignature of applic	ant or authoriz	ed agent) 16-	33916-1

(Date)

Schuler	horetta.	7.	Kendr,	cK.			
(Last name of head of family)	(First name)	(Initial)					
Kendrick	Latah		Idaha	2			
(Mail address, number and street, R. F. D., bo	ox number, etc.) (County)	1 7	(State) O NOT WRITE HER				
Print below full name and date of be application. If person listed above receive a book at this address, repeat	as head of family is eligible to	, ,	1476				
Print first name, middle initial to receive rati		Mont	TE OF BIRTH	Leave Blank			
1 Boretta T.	Schuler	May	30 1915	8			
2		//					
3							
4							
The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.							
11	/	1	1 //	1			

June 8, 1943 (Date)

(Signature of applicant or authorized agent) 10-2301

Schupfer	Her	man	C	Kendi	rick
(Last name of head of family)	(F	irst name)	(Initial)	(City or post o	
	31	Latah		Idah	0
(Mail address, number and street, R. F. D., bo	x number, etc.)	(County)	-	(State)	
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	as head of fa	amily is eligible to	S	F & 3	
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATI		each PERSON	Month Month	Year Year	Leave Blank
1 Herman C. S	Schup	fer	Oct	1892	6
2 Alberta W. S	chupf	er	June	1908	7
3 Beverly Ann	5ch u	prer	Sune	1930	8
4 Marilyn Joan	Schu	pfer	Dec	1933	9
698091 <b>DU</b> 15 MOI	The that h	person signing the has authority to ctrue. A false certification	is application	at all stateme	nts in
June 6, 1943 7	Mrs.	Herman	Ce	Schus	afer
(Date)		(Signature of applicant	or authorized a	16-3	3976-1

(Last name of head of family)	Ide	irst name)		endric	k ice)
Mail address, number and street, R. I	F. D., box number, etc.)	Latah (County)		Idaho (State)	
Print below full name and datapplication. If person listed receive a book at this address, a	te of birth of each pe	amily is eligible to		0 2 7	
Print FIRST NAME, MIDDLE TO RECEI	INITIAL, LAST NAME OF IVE RATION BOOK	each PERSON	Month Month	OF BIRTH Year	Leave Blank
1 Ida M. Schi	pfer		June	1896	1
2					
3					
4					<u></u>
698083 <b>DU</b>	Ahat h	person signing thise has authority to detrue. A false certific	application so and t	hat all statem	ents in
May 25, '43	da	Signature of applicant of	r authorized	agent) had	33916-1
(Date)				0.0	

			STATE OF THE PARTY	STATE OF THE PARTY OF
5461 11	OSCAR	10 1	1. 1	- 1
(Last name of head of family)	(First name)	(Intial)	Rond	rech
(Last name of nead of family)	(Frist name)	T(I) LIBIT	City or post office	) 1
R. F. D. I. Box 3 (Mail address, number and street, R. F. D., bo	3. Satah		edal (State)	20
		DO NO	OT WRITE HERE	4 10 10 10 10 10 10 10 10 10 10 10 10 10
Print below full name and date of be application. If person listed above receive a book at this address, repeat	as head of family is eligible to		450	DY
Print FIRST NAME, MIDDLE INITIAL	, LAST NAME OF each PERSON	DATE O	F BIRTH L	cave
TO RECEIVE RATI		Month		lank
26- 6 16	11		1000	0
1 USEAK Q 3	HOLM	Jamade	1882	8
0 - 10	6 114 2 1 11	MC +	1000	0
2 9 m 1 7 09.	SHOLM	- Dagad	-1-X-X-10-	4
		- 1		
3				
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IP MOE	RE SPACE IS NEEDED USE BACK OF CARI			4.
nii	The person signing thi	s application	certifies to	OPA
697925	that he has authority to d	o so and tha	at all statement	S ID
001040	it are true. A false certific	cation is a ci	iminal offense.	
		11)	1	
		Carl Dan	1000	
	Marion	1	ucu .	
(Data)	(Signature of applicant	or authorized s	igent) 16-339	16-1
(Date)	(Digital day of the		16-339	10-1

Slead	Nellie_	G.	Kendrice
(Last name of head of family)	(First name)	(Initial)	(City or post office)
Kendrick (Mail address, number and street, R. F. D., be	Tatah	inty)	-Idaho
Print below full name and date of b application. If person listed above receive a book at this address, repeat	as head of family is eligi	ble to	3 6 7
Print FIRST NAME, A IDDLE INITIAL TO RECEIVE RAT		Month	Year Blank
1 Nellie G. Sl	ead	July	1888 0
2			
3			
4			
698021 <b>DU</b> 15 MOI		ng this applicat	ion certifies to OPA that all statements in criminal offense.
(Date)	(Signature of app	plicant or authorize	d agent) 16-33916-1

(Last name of head of family) (First name) ((Initial) (City or post off	ce)
(Mail address, number and street, R. F. D., box number, etc.) Latah Ida, (County) (State)	ho
Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.	P
Print first name, kiddle initial, last name of each person Date of birth to receive ration book. Month Year	Leave Blank
1 Oscar M. SLind April 1899	4
Maxine L. Shind April 1935	6
4 Leband O. Shind October 1940	7_
The person signing this application certifies to that he has authority to do so and that all stateme it are true. A false certification is a criminal offens	nts in
June 5, 1943 Oscar M. SLine (Signature of applicant or authorized agent) 10-8	3916-1

Smith	Russell (First name)	E	Ke	endric	k
(Last name of head of family)	(First name)	(Initial)	(C	ity or post of	fice)
(Mail address, number and street, R. F. D., bo	Latah ox number, etcd (County)		_I	daho (State)	
Print below full name and date of b application. If person listed above receive a book at this address, repeat	irth of each person included in this	41	0 NOT	59	
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RAT	L, LAST NAME OF each PERSON	Mont	d to the latest latest	Year Year	Leave Blank
1 Russell E. Smit	h	Apri		1910	7
2 Blanche H. Smit	<u>h</u>	Jul	У	1913	-6-
3					
The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.  Aug. 10  (Signature of applicant or authorized agent)  (Signature of applicant or authorized agent)					
(Date)		THE OWNER	MARCH.	NAME AND ADDRESS OF	SERVINE STATE

Smith	Russe))	EI	tend	rici
(Last name of head of family)	(First name)	(Initial)	City or post	office)
1 PPD b	ex number, etc.) Lata t	1 7	dat	10
(Mail address, number and street, R. F. D., h	OZ HELIDEL, CECIT	I DO M	(State) OT WRITE HER	
Print below full name and date of bapplication. If person listed above receive a book at this address, repeat	that name on the first line below.		475	
Print FIRST NAME, MIDDLE INITIA TO RECEIVE RATE	L, LAST NAME OF each PERSON FION BOOK	Month O	Year Year	Leave
1 Elisabeth	Ann Smith	May	1945	
364 45				
wri. 1.				L
2070E21 NW	The person signing the that he has authority to cit are true. A false certification	lo so and the	it all statemi	ents in
8 2022T min	Okelma H. (Signature of applicant	Ston	ne.	
(Date)	(Signature of applicant	or andiorned	7 16-	a391 <b>6-1</b>

SNEVE MELVIN (Gist name of head of family) (First name)	(Initial) (City or post office)	STED MA N
R.F.D#2 BOX 46 LATAH (Mail address, number and street, R. F. D., box number, etc.) (County)	LDA HO	RENDY C C
Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.		Print below full name and capplication. If person listed receive a book at this address
Print first name, middle initial, last name of each person to receive ration book	Month Year Blank  AUSIN 1900 4	Print FIRST NAME, AUDITO REC
CARRIE SNEVE	EP 19 1868 5 FEB. 22 1880 6	BAYGAYA
4		45A M M Y
fri thi	s application certifies to OPA	698025
June 2, 1943 Melin Sn. (Signature of applicant of	ere (16-33916-1	June H 43

	STED MAN 77 ED ONE NOVIC	H
	RENDYCCK JATAH IDA (Mail address, number and street, R. F.D., box number, etc.)	
	Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.	1
	Print first name, riddle initial, last name of each person Date of birth Leave Blank	
	7/2 ED O SCEDMAN Jan 4 1901 2	
	SENEVA Q. STEDMAN June 18 1905 3	
	BAYGAYA S. STED MANSAPT 191928 4	
	45AMMY M. SCEDMAMILLA 16.1930 5	
,	The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.	
Q	une 4 43 Mrs. Fred Steamers	
7	(Date) (Signature of applicant of authorized agency 16—33916-1	

			1 07		
Stephenson	John	H.	Ker	nd r	ick
(Last name of head of family)	(First name)	(Initial)	(City or	r post of	ffice)
Kattan Latah  (Mail address, number and street, R. F. D., box number, etc.) (County)			Ide	aho State)	,
		D	O NOT WEI		10
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	orth of each person included in this as head of family is eligible to that name on the first line below.	30	24	0	
Print first name, middle initial to receive ratio		Month	re of Bigg	ear ear	Leave Blank
John H. Stepl	henson	May	1 18	393	0
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3					
4					
IF MOI	RE SPACE IS NEEDED USE BACK OF CARD			C - 1-	ODA
745995 <b>DU</b>	The person signing this that he has authority to do it are true. A false certific	so and	that all a a criminal	offense	nts in
10-28-43	John Sleps	her	nocu	/	

10-28-43 (Date)

(Signature of applicant or authorized agent)

	on Nettie	V	KEN	PRIC
(Last name of head of family)	(First name)	(Initial)	(City or post	office)
(Mail address, number and street, R. F	D., box number, etc.) (County)	H	IDA (State)	HO
application. If person listed a	e of birth of each person included in this bove as head of family is eligible to epeat that name on the first line below.		0 NOT WRITE H	ERE Z
	INITIAL, LAST NAME OF each PERSON	Mont	TE OF BIRTH	Leave
	STEPHENSON	Jul	4 187	04
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3				
1				The same of
4	F MORE SPACE IS NEEDED USE BACK OF CARD			
697827 DU	The person signing this that he has authority to do it are true. A false certific	applica	that all state	ements in
5/27/43	nettie V. D.	tep	hense	on
anglanda (Dath	(Signature of applicant of	r authoriz	red agent)	-33916-1

Stephenson	Nettie	-	Kendri	ck
(Last name of head of family)	(First name)	(Initial)	(City or post o	ffice)
		TO THE	and of the last of	ance)
Kendrick	Latah		Ida	ho !
(Mail address, number and street, R. F. D., bo	number, etc.) (County)		(State)	mo
Print below full name and date of bi	irth of each person included in this		NOT WRITE HER	I B
application. If person listed above receive a book at this address, repeat	as head of family is eligible to	by a	100	
	A STATE OF THE PARTY OF THE PAR	-	9110	200
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATE		Month	OF BIRTH	Leave
	The same of the sa	-		111
John H. Stephens	son	May	1893	MOM
2				
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4	E SPACE IS NEEDED USE BACK OF CARD		The second second second second	1
DII	The person signing this	applicat	ion certifies to	OPA
560634	The person signing this that he has authority to dit are true. A false certific	so and	criminal offens	ents in
20110.14	It are true, A laise tertine	actour 13 a	Canada Onch	

Oct. 27th, 1943

(Signature of applicant or authorized agent)

Stewart	Vera	N.	Kendri	ck
(Last name of head of family)	(First name)	(Initial)	(City or post o	ffice)
Mail address, number and street, R. F. D., bo	x number, etc.) Latah		Tdah (State)	0
		1 20	NOT WRITE HER	
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	as head of family is eligible to		1259	
Print FIRST NAME, MIDDLE INITIAL			OF BIRTH	Leave
TO RECEIVE RATI		Month	Year	Blank
1 Vera N. Ste	wart	12/1	4-1904	9
				-
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				7
4				
IF MOI	RE SPACE IS NEEDED USE BACK OF CARD			00.
698058 DU	The person signing this that he has authority to do it are true. A false certific	so and	that all stateme	ents in
5/3/143 1	Tera n. Ste	wo	art	
(Date)	(Signature of applicant of	or authorize	ed agent) 16—3	33916-1

STOYEY	Oryille	W. Landrick
(Last name of head of family)	4 后降	Tion of Dost office)
(Mail address, number and street, R. F. D., bo	ox number, etc.) (County	(Diate)
Print below full name and date of b application. If person listed above receive a book at this address, repeat	that name on the first line belo	w. 21757
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RAT	L, LAST NAME OF EACH PERSON	Month   Year Blank
1 1-1-1-1-1-1	POYCY	3.419 1905 2 Quan 23 1914 3
2 June 1 37	D1/3004	
3		
697778 <b>DU</b> 19 MOI	that he has authority to it are true. A false cen	this application testines in odo so and that all statements in this crime is a criminal offense.
(Date)	(Signature of applies	ant or authorized agent) 16-33916-1

STUMP	PETE (First name)	25-25-1	KEDE	nie
(Last name of head of family)	(First name)	(Initial)	(City or post of	ffice)
(Mail address, number and street, R. F. D., be	ox number, etc.) neg Perc	e	) dal	10
		DO	NOT WRITE HER	10
Print below full name and date of b application. If person listed above receive a book at this address, repeat			かかフ	0
Print FIRST NAME, MIDDLE INITIA. TO RECEIVE RAT	L, LAST NAME OF CUCA PURSON ION BOOK	Month	E OF BIRTH Year	Leave Blank
PETE STUM	P	ma	1885	8
WETA C. STU	mp	dun	e 1895	19
DIXIEP SDU	mP	nov	1930	80
PEGGYE X. S.	TUMP	Dec	1931	-1
698004 <b>DU</b>	The person signing this that he has authority to dit are true. A false certification	s applica	that all statem	ients in
	(Signature of applicant	or authoriz	ed agent) 16-	-33916-1

(Date)

Stunder	and Thomas	7 7	0 .
(Last name of head of family	y) (First name)	(Initial)	gains
(Mail address, number and street, R	F. D., box number, etc.) Jafaf	a Sof	asho
application If person listed	ate of birth of each person included in this above as head of family is eligible to repeat that name on the first line below.		+ M
Print FIRST NAME, MIDDI	E INITIAL, LAST NAME OF each PERSON HIVE RATION BOOK	Month   Year	Leave Blank
NTHOMAS.	H. STURDEVANT, C	let 12/8	7440
3			
1			
559349 <b>DU</b>	The person signing the that he has authority to cit are tyle. A terse certification of the control of the contr	is application certifies to so and that all statication is a criminal of	ements in
Date	Signature of applicant	or authorized agent)	16-33916-1

SE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LI	THE RESERVE AND ADDRESS OF THE PARTY.	NAME AND ADDRESS OF THE PARTY O	PIR
Print first name, middle initial, last name of each person not listed on other side	Mouth	Year	Bi
VIOLET. M. PICITLE	any	1864	0
FRANK S. CHATIS	300	1876	
1			
***************************************			1.
***************************************	A		1
PARTICULAR DE LA CONTRACTOR DE LA CONTRA			1-
			1

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION FOR PERSONS NOT INCLUDED IN THIS ONE

Supple PAUL (Last name of heaf of family) (East name of heaf of family)	(Initi	ial)			dri	eK.	
(Mail address, number and street, R. F. D., box number, etc.) (County)			Ja	la K	Qtate)	ice).	
Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.	1 0	6	3	WRIT	9 9		
Print first name, middle initial, last name of each person to receive ration dook	M	DAT	_	ывті Y	t oar	Leave Blank	
1 PAUL Supple 2 Paulina Supple	de	11	5	18	93	maria	Tell my
4							•
The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.  PAUL SUPPLE  (Signature of applicant or desphorized agent)  (Signature of applicant or desphorized agent)							
(Date) (Signature of applicant of	Mark.	noriz	ed ag	ento)	16-	33916-1	

SWZNSON (Last name of head of family)	2XeL (First name)	(Initial)	KENI (City or p	orick post pilice)	-		
(Mail address, number and street, R. F. D., bo	oz number, etc.) ZaTah.		IO:	2HO			
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3 Jeanine Paye		00	19	45 1			
	The person signing application certifies to OPA						

it are true. A false certification is a criminal offense.

(Date)

(Signature of applicant or authorized agent) 16-33916-1

Thomas	Harok	1	Italial) //	Mr.	iel
(Mail address, number and street, R. F	1	-974h	Ig	aho (State)	nce)
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3 noe) The	که ۱۳۲۵	m	arch 1	928	50
698077 <b>DU</b>	that he has	on signing this ap a authority to do so A false certification	and that a	Il statemen	nts in
6/10/1943	Haro	le Hon	thorized agen	t) 16-33	2016-1

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Thomas	Lucy	E	Tendriel	k
(Last name of head of family)	(First name)	(Initial)	(City or post office)	7
	A number, etc.) Lata	6	Idaho	
(Mail address, number and street, R. F. D., bo		I DO	(State)	
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	moon	The		
June 91R 1943	(Signature of appli	cant or authorize	ed agent) 16—339	016-1
(Date)	Tares - 1864			

Thomas (Last name of head of family)	Martha (First name)	(Initial)	Kendrj	ck flice)
(Mail address, number and street, R. F. D., bo	x number, etc.) Latah (County)		Idaho (State)	
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1 Martha Thoma	s	Jan.	1866	7
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697820 DU 15 MOR	The person signing this that he has authority to dit are true. A false certific	s application	nat all statem	ents in

June 2-1943 (Date)

Mrs. Well J. Crocker Martha Shomes
(Signature of applicant of authorized agent) 16-33916-1

Lt	ewis. S. Thurber Lewis.	S	Ken	dries
	Clast name of head of family)  POBO4 62  Lot oh	(Initial)	City or post	office)
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	Print First NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK  1 Lewis, S. Thurber.	Ma 4	Year 1885	Leave C
	3 Hattie.R. Thurber.	4eb	1889	7
	15 MORE SPACE IS NEEDED USE BACK OF CAR The person signing the that he has authority to come it are true. A false certification of the company of the compan	is applicated so and	that all statem	nents in
5	121/43 Hattle Regionalize of applicant	MU or authorize	ber ed agent) 16-	-83916-1

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tout  [Gast name of head of family]  Torotty  (First name)	L K	END ity or post offi	rich
(Mail address, number and street, R. F. D., box number, etc.) LATAL (County)	t 1	LAX (State)	to
Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.		33	70.
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· Dorothy L. tout	NOY	1910	7
PATTICIA A. TOUT	DAN	1932	8
3 EHGIE G TOUT	MAY	1938	2
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The person signing that that he has authority to dit are true. A false certific	s application	at all statem	ents in
1 1943 mrs Doroth	f authorized a	gut.	

(Date)

Van Gordon	Harry			dri		
(Last name of head of family)	(First name)	(Initial)	(Cit	y or post	office)	
Box 122	Latah			laho		
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and data of h	inth of each person included in this	7	OO NOT	WRITE HE	RH	
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The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.    Mary Van Carolina   16-33916-1						
(Date)					and the second	

VINCENT (Last name of head of family)	Marvin (First name)	R	Keva (City or post o	rich
(Mail address, number and street, R. I	tar Nez Per	CE ]	Labh (State)	0
Print below full name and da	e of birth of each person included in this above as head of family is eligible to repeat that name on the first line below.	1-	83/	3
TO RECE	INITIAL, LAST NAME OF CICA PERSON VE RATION BOOK	Month 5	Year Year	Leave Blank
1 Marvin R. 2 Myrtea M	7	196	5	
3				
697832 <b>DU</b>	The person signing thi that he has authority to dit are true. A false certification	s applicatio		
J. 1943	Murrey Ry V.	or authorized	agent) 16—8	33916-1

WAIDE	JOHIV	FK	END	RICI
(Last name of head of family)  POBOX-12 (Mall address, number and street, R. F. D.	(First name)  LAT  (County	AHI	DAH (State)	0
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MARY D. V	VAIDE	5	1880	9
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5/25/.43	John to M	ant or authorized	agent)	-22016-1

Malker Norpols  (Girst name)	E. Kendrick
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(County)  Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.	DO NOT WRITE HERE
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34	
that he has authority to do it are true. A false certification	application certifies to OPA so and that all statements in ation is a criminal offense.

June 6, 1943 Mars. Emma J. Wals
(Signature of applicant or authorized agent)

WA // A C C	LesTe R	A	Kendri (City or post o		
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1 LesTer A WALLACE		Sep	T 1890	.5	
2 Lillie E WALL		Fel	1887	6	
3 DONNA JANE	WALLACE	Oct	1925		
4					
The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.					
5/5/43	4 9, Wall	a U	ed agent)		

Waltz	LLoyd	Kendrick
(Last name of head of family)	(First name)	(Initial) (City or post office)
	Lata	h Idaho
(Mail address, number and street, R. F. I	D., box number, etc.) (Count	(State)
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Z.F	MORE SPACE IS NEEDED USE BACK OF	CARD
697939 <b>DU</b>	that he has authority	this application certifies to OPA to do so and that all statements in ertification is a criminal offense.
6-1-43	- Hoyel M	Cally
(Date)	fignature of applic	16-33916-1

Ware		TON	E.	Keni	RICK	
(Last name of head of family)	Note to the late	First name)	(Initial)	(City or po	st office)	
R. R. # 2 Box (Mail address, number and street, R. F. D., bo		LaTa (County)	H		AHO	
Print below full name and date of bi	rth of each pe	erson included in th	15	(Stat		
application. If person listed above receive a book at this address, repeat	as head of f that name on	amily is eligible the first line below	to 0 4	-27	9 100 1	
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2 EFFIE M.	Wa	RC	June	14 187	3 2	
3 PERCY N.	Wa	Re		24 190		
4 Georgia A.		RC	-	12 122	7 4	
The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense,						
May 21, 1945 0	learg	(Signature of applican	les	ue o	Hare	
(Date)	(1	Committee or approve	o additions	1	6-33916-1	

Watts.	Wm.		A.	Kendr:	ich
(Last name of head of family)	Œ	irst name)		(City or post o	flice)
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Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.					
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1 Wm. A. Watt			Oct,	1891	7
Bertha J. Wa	atts.		Jul.	1887	6
Robert E. W	atts.		Sep.	1923	9
4 Rilla M. Da	vidson		May.	1883	20
IF MOI		DED USE BACK OF CARD			0
The person signing this application certifies to OPA that he has authority to do so and that all statements in it for true. A false certification is a criminal offense.					
May , 20th 1943		(Signature of applicant of	r authorized	agent) 16-3	3916-1

Wegner	August	F. KENDRICH
(Last nange a head of family)	Nez Pe	TCT IDA
(Mail address, humber and street, R. F. D., be	irth of each person included in this	(State) DO NOT WRITE HERE
application. If person listed above receive a book at this address, repeat	that name on the first line below.	1/3/5/9
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Meg Ta S.	Wegner	Feb 1890 [
3 Wayne E	Megner	NOV 1917 2 341 1927 3
4 G 1 3 d y S	The person signing th	ie application certifies to UPA
698011	making eiter to c	lo so and that all statements in ication is a criminal offense.
16/42 1	Me. Ta S. M	legner

4 / Days 73

(Signature of applicant or author) (Signature of applicant or author)

WESTENdALL	ALbert	U. A	lend	ric
P.O. 130x 161	LATAL	(Initial) (c	dAh	ice)
(Mail address, number and street, R. F. D., bo	ox number, etc.) (County)	DO NO	(State)	
Print below full name and date of b application. If person listed above receive a book at this address, repeat		07-	162	Ma to
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Albert U. 1	NESTENDANA	nov.	1895	5
7	NESTENDALL	may	1918	6
	WESTENdALL	mar.	1936	-2
	WESTendALL	Jane	1939	18
697980 <b>DU</b> "MO	The person signing thi that he has authority to d it are true. A false certific	o so and the	ar all stateme	ents in
031000	Erra Man Jel	esten	dale	

May 26

(Signature of applicant or authorized agent)

	161
Westerdahl Den	Den Shin
(Last name of head of family) (First name)	(Initial) (City or post office)
Lata	h Idaho
(Mail address, number and street, R. F. D., box number, etc.) (County)	(State)
Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.	90 483
Print first name, middle initial, last name of each person to receive ration book	Month   Year   Leave   Blank
CHERYL COLLEEN WESTENDAHL	MAN 19
1 2/12/41	
2	
103,000	
IF MORE SPACE IS NEEDED USE BACK OF CARD	
The person signing this	application certifies to OPA o so and that all statements in ation is a criminal offense.
(Date) (Signature of applicant of	r authorized agent) 16-33916-1

H

## USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE PIRST

	Print piest name, medden inerial, last name of ouch person		DIETH .	Leave Blank
710000	Not fundin on omine sine	Month	Year	Section 200
5	AUGUSTA A. HUTT	Aug	1862	14
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7	***************************************			
8	***************************************			
9				
10	***************************************			
11				
12				

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION FOR PERSONS NOT INCLUDED IN THIS ONE

## USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINES ON OTHER SIDE FIRST

	Print first name, middle insteal, last name of each foreon not listed on green side		Your Your	Leave
5	MARY L. WESTENdALL	Mouth 19 ANN	1941	9
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11	04300 00400 00-004000			
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IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION FOR PERSONS NOT INCLUDED IN THIS ONE

Westendah L Benjamin C Kendrich dda (City or post office)	Nextendabl Ben C Kendries (Last name of head of family) (First name) (Unitial) (City or post office)
Box 65 Latah Idaho.	Mail address, number and street, R. F. D., box number, etc.) (County) (State)
(Mail address, number and street, R. F. D., box number, etc.)  Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.  DATE OF BIRTH LEAVE	Drint selow full name and date of birth of each person included in this application. We have a selection of the selection of
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2 Ad a E Westendah L Myzo 1917 9 Charles D Westendah L leptz4 1936	3
4SHEILA D WESTENDAL May 1738  IF MORE SPACE IS NEEDED USE BACK OF CARD  The person signing this application certifies to OPA  The person signing this application certifies to OPA  that he has authority to do so and that all statements in that he has authority artification is a criminal offense.	The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.
that he has authority to do so and that an authority to do so and that are authority to	it are true. A false certification is a criminal offense.
(Signature of applicant or authorized agent) 16-33916-1	(Date) (Signature of applicant or authorized agent) 16—33916-1

(Date)

WESTENdALL	ALbert	u.	Kend	rick
(Last name of head of family)	(First name)	(Initial)	(City or post of	ffice)
P.O. 130x 15	LATA	h	1dA	10
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Print below full name and date of b application. If person listed above receive a book at this address, repeat	as head of family is eligible to	9 -	602	
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1 DANIEL P W	I ESTEM dALL	Oct	1943	8
3 10 ml 00	e, Bu			
560767 <b>DU</b>	The person signing thin that he has authority to d it are true. A false certific	s application so and cation is a	that all statement criminal offens	nts in
	(Signature of applicant	or authorize	ed agent)	2016-1

(Date)

Westendahl Charles	S	Kema	lrick
(Last name of head of family) (First name)	(Initial)	(City or pos	t office)
P. 0 15 1 LATA  (Mail address, number and street, R. F. D., box number, etc.) (County)	h	Id	ALO
Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.		NOT WHITE I	
Print first name, middle initial, last name of each person .  To receive ration book	Month	TE OF BIRTH	Leave Blank
1 Charles S WESTENDALL	Jula	1 186;	3 0
2 PETRA L WESTEN dALL	MA	4 187	1_1_
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4			
The person signing this that he has authority to dit are true. A false certific	applica so and	that all sta	tements in
may 26 Petra L West	en	dahl	
(Signature of applicant o	r authoriz	ed agent)	16-33916-1

WEYEN	WEYE	14	KE	NANT
(Last name of head of family)	(First name)	(Initial)	(City or	post office)
			del	cho.
(Mail address, number and street, R. F. D., bo	ox number, etc.) (County)		(8	itate)
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WEYE, H.	WEYEN	Mi	2 18	88 54
ANNA	R. WEYEN	MA	04/8	9841
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IF MOR	E SPACE IS NEEDED USE BACK OF CAR		-	
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fuln 24 7	Mrs. Weyste	W	Syl	En
(Date)	(Signature of applicant	or authori	zed grent)	16-33916-1

WeVaN	WILLIAM	F. 1	Sendr	ick
(Jast name of head of family)	(First name)	(Initial)	City or post o	ffice)
Kendrick	Zatak	1	1 dal	•
(Mail address, number and street, R. F. D., b	ox number, etc.) (County)		(State)	<b>U</b>
Print below full name and date of b	irth of each person included in thi	C -	OT WRITE HER	El International
application. If person listed above receive a book at this address, repeat	that name on the first line below	:46:	236	
Print FIRST NAME, MIDDLE INITIA TO RECEIVE RAT	L, LAST NAME OF each PERSON	Month	F BIRTH Year	Leave Blank
1 WILLAM F.	Weyen	Jav.	1920	30V
2 A VIA M.	Wever	Jak	1921	204
3 SHITLEY K	weren	JON	1940	1 DIV
4 Carol L	weven	LON	1942	DDY
IF MO	RE SPACE IS NEEDED USE BACK OF CA		1.51	ODA
548733 <b>DU</b>	The person signing that he has authority to it are true. A false certi	do so and the	it all stateme	nts in
2	n. Biog 11	0.00		

(Signature of applicant or authorized agent)

16-33916-1

Wilken	Frank	A.	end	ric
(Last name of head of family)	(First name)	(Initial) (	City or post off	ice)
Kendrick (Mail address, number and street, R. F. D., be	ox number, etc.) Latah (County)		Idaho (State)	
Print below full name and date of be application. If person listed above receive a book at this address, repeat	irth of each person included in the as head of family is eligible that name on the first line below	443	3 6 7	
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RAT.	L, LAST NAME OF each PERSON	Month O	Year Year	Leave
TO RECEIVE RAT	ION BOOK			Blank
1 Frank A. Wilk	en	June	1890	.k
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697937 <b>DU</b> 697937 <b>DU</b> 697937 <b>DU</b> 697937 <b>DU</b> 697937 <b>DU</b>	The person signing that he has authority to it are true. A false cert (Signature of application)	do so and the ification is, a co	at all statement offens	onts in

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Wilson Alex	6 Kendrick
(Last name of head of family) (First name)	(Initial) (City or post office)
General Del hat	ah Idah
(Mail address, number and street, th. 1.2.1	DO NOT WRITE HERB
Print below full name and date of birth of each person included in thi application. If person listed above as head of family is eligible treceive a book at this address, repeat that name on the first line below	11094
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TO RECEIVE RATION BOOK	Month Year Blank
ale your Vilson	Mar 62 3
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3	
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	do so and that all statements in fication is a criminal offense.
	t or authorized agent) 10-33916-1
(Date)	

DO HOA WHILE ALL ALLOW OF THE			
	,		
SE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LIN	-	-	-
Print first name, middle indital, last name of each ferson not eleted on other side	Month	Year	Lon Bla
JAMES L Candley	may 6	1927	2
charles B. Candler	July 15	1919	1
	0		1

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION
FOR PERSONS NOT INCLUDED IN THIS ONE

Wilson	DIAN	7 -	co k	au li	
	HION.		(Initial) (C	ENGL	
(Last name of head of family)	(Firs	t name)	I(Initial)  (C	ity or post offi	ce)
R.F.D		,atah		Idax	0
(Mail address, number and street, R. F. D., be	ox number, etc.)	(County)		(State)	200
Print below full name and date of b application. If person listed above receive a book at this address, repeat	as head of fam	ily is eligible to	3 2 5	T WRITE HERE	
Print first name, kiddle initial to receive rat		ich Person	Month	Year	Leave Blank
1 Alonzo C. V	1:150N		8	'95'	5
2 Margaret Ro		SON	12	'03	6
3 Leona E	NISON		4	25	12
4 Wayne W.	Wilson	l		'27	8
697850 <b>DU</b> 17 MOR	The p	erson signing thin has authority to dee. A false certific	s application o so and tha	t all statem	ents in
6/8/43	Alonz		Wils		
	(Sig	mature of applicant of	r authorized a	gent)	83916-1

(Date)

16-33916-1

WILSON	10	hN	H. 1	end	rech
(Last name of head of family)	(1	First namě)	(Initial)	City or post of	fice)
(Mail address, number and street, R. F. D., box	number eta)	LATAH (County)	I	dA HO	2
		The state of the second	I DO N	OT WRITE HER	11
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Print first name, middle initial, to receive ratio		Feach PERSON	Month Month	Year Year	Leave Blank
1 JOHN H WIL	SON		JULY	1911	4
	1450		FEB.	1914	5
3 LOTTIE M.	WILS		NOV.	1938	6
4 DORIS C.	WIL	SON	AUS.	1942	7
697909 <b>DU</b> 15 MORI	The that I	e person signing the has authority to true. A false cert	this application do so and th	at all stateme	ents in
JUNE 9 1943 A	con	(Signature of applica	at or authorized	ngent) 16—;	33916-1

MILLSON	KiRK	D. KENDRICK
(Last name of head of family)	(First name)	(Initial) (City or post office)
(Mail address, number and street, R. F. D., bo	x number, etc.) LATA	h IDABO
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	rth of each person included in this	DO NOT WRITE HERE
Print first name, middle initial to receive ratio		Month Year Blank
1 Mi 450 M 18	RK D.	Freb 1906 /
2 Mil SOM HA	ZEV MAY	mar 1911 2
3 VIII LSON DO	ROTHY MAY	July 1930 20.
4 WiLSON RO	SE MARIE	april 1937 4
697957 DU 15 MOI	that he has authority to d	s application certifies to OPA o so and that all statements in cation is a criminal offense.
(Date)		16-33916-1

WoodWARD	John	m Kendrick
(Last name of head of family)	(First name)	City or post office)
(Mail address, number and street, R. F. D.,	box number, etc.)	FERCE I dAho
Print below full name and date of application. If person listed above receive a book at this address, repeat	birth of each person included in	101 4
Print FIRST NAME, MIDDLE INITE TO RECEIVE RA	AL, LAST NAME OF each PERSON	Month Year Blank
1 John M.	WoodWARd	may 1879 4
2 GRACE, A	VOODWARD	JUNE 1886 5
3		
4	ORE SPACE IS NEEDED USE BACK OF	CARD this application costifies to ODA
698000 DU	that he has authority	this application certifies to OPA to do so and that all statements in critication is a criminal offense.
7 20 C	John m Sto	odward
(MA)	(Signature of applic	ant or authorized agent) 16-33916-1

Woodward	William	2	Kendri	dr
(Mail address, number and street, B	K Latal	(Initial)	Idaho (State)	ice)
Print below full name and o	date of birth of each person included in I above as head of family is eligible , repeat that name on the first line bel	this	O 1 5	
TO REC	LE INITIAL, LAST NAME OF EACH PERSON DEIVE RATION BOOK	Month	Year 1079	Leave Blank
WILLIAM, B	, VVCODVVAILD	gan	10/06	
3				
698056 <b>DU</b>	The person signing that he has authority it are true. A false ce	this applicat	that all stateme	ents in
6-1-43 (Date)	(Signature of applie	cant or authorize	ed agent) 16—(	33916-1

Woody (Last name of bead family)	Gladys	A K	endri City or post	ck
(Mail address, number and street, R. F. D., b	ox number, etc.) Latah	1	Za (State)	ho
Print below full name and date of bapplication. If person listed above receive a book at this address, repeat	orth of each person included in this as head of family is eligible to that name on the first line below.	- 1	0 4	133
Print FIRST NAME, MIDDLE INITIA TO RECEIVE RAT	LL, LAST NAME OF each PERSON FION BOOK	Month	Year Year	Leave
1 Gladys H, 1	voody	Seplat	1405	40
3				
4	ORE SPACE IS NEEDED USE BACK OF CARE The person signing this	s application	certifies to	OPA
558079	that he has authority to dit are true. A false certifi	lo so and that cation is a cr	it all stateme	ents in
Tune 41943	sladys H. V. Signature of applicant	or authorized a	agent 16—	33916-1
(Date)				

•

(Last name of head of family) (First name) (Initial) (City or post office)	4
(Mail address, number and street, R. F. D., box number, etc.) L2 +2h   1d2 h0 (County) (State)	-
Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.	-
Print first name, sindle initial, last name of each fereon Date of birth Let To receive ration book Month Year Bla	vo nk
1 Martha W. Woody May 17, 1878	6
2 LOGY & ING M. WOO QY DEC. 24/920	9
3Kenneta B. Woody Aug, 15, 1923 :	LL
4	
The person signing this application certifies to C that he has authority to do so and that all statements it are true. A false certification is a criminal offense.	
June 4, 1943 Martha W. Woods	

DOX 10 + Hala	1	-haa	60			
(Mail address, number and street, R. F. D., box number, etc.) (Count	THE RESERVE AND ADDRESS OF THE PARTY OF THE	(State)	-4			
Print below full name and date of birth of each person included in this application. If person listed above as head of family is eligible to receive a book at this address, repeat that name on the first line below.		7 9 2	2			
Print first name, middle initial, last name of each person to receive ration book		Year Year	Leave (			
1 Fred Zimmer Man	Feb	1903	4			
2 Manie T. Zimmerman	NOV	1902	2.			
3 Arnold LZIMMERMAN	Apri	1924	6			
4 Walter B ZIMMETMAN	Max	1920	17			
The person signing this application certifies to OPA that he has authority to do so and that all statements in it are true. A false certification is a criminal offense,						
12 Me 3, 43 Manie J. Jim (Signature of applie	cant or authorized	agent) 16-	33910-1			

(First name)

(Last name of head of family)

,05

Kendrick

(Initial)

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINE	es on oth	ER SIDE	FIRST
Print first name, reddle initial, last name of each person not liezed on other side	Month	Year Year	Leavo Blank
Jav D. Wilson	9	'28	9
6			
7			
8			
9			
11			
12			
12 WELLER AND MODEL THAN TO PURCOUS COMPLETE AND	OTHER AP	PLICATIO	N

DO MOI WHITP IN THIS STREET

IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION FOR PERSONS NOT INCLUDED IN THIS ONE