	Hibright	Marvin	4	Julia	etto
ľ	(Last name of head of family)	(First name)	(Initial)	(City or post of	ffice)
	(Mail address, number and street, R. F. D., br	or number, etc.) NC2 Per	ce	Id?	aho
	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/-	O NOT WRITE HER	10
	Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATE		Mont	te of Birth	Leave Blank
	Marvin-L- A	lbright	6	1900	1
	2ESTHEY-P-	A) Bright	70	1900	3
	4Mary Abo	T) hright	9	1930	4
	III MOR	E SPACE IS NEEDED USE BOOK OF CARD			
	622956 DU	The person signing this that he has authority to do it are true. A false certific	so and	I that all statem	ients in
1	Me 3-1943 /	Jamin L.	The	long	1hs
-0	(Date)	(Signature of applicant of	r authori	zed agent)	-33916-1

albright Raleigh	WuligeHa
(Last name of head of family) (First name)	(Initial) (City or post office)
Nez Per	ce 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.	10 10 2
Print first name, middle initial, last name of each person to receive ration book	Month   Year Blank
1 Raleigh W. albright	Oct. 1892 6
2 Lora d. albriant	Mar. 1898 7
3 Peggie J. albright	aug. 1921 8
ARolan T. albright	100, 1926 9
IF MORE SPACE IS NEEDED USE BACK OF CARL	D
that he has authority to d	is application certifies to OPA to so and that all statements in cation is a criminal offense.
Que 2 1943 Peggie Sea	n albright
(Date) (Signature of applicant	or authorized agent) 16-33916-1

Anderson	George	W.	Julia	etto		
(Last name of head of family)	(First nand)	(Initial)	(City or post o	ffice)		
Route 2 (Mail address, number and street, R. F. D., be	x number, etc.) Nez Per	ce	Idah (State)	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.						
Print first name, middle initial to receive hat		Month		Leave Blank		
1 George W. A.	nderson	00	t. 1897	12		
2						
3						
4						
250982 DW  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)						
(Date)	(Signature of applicant of	Buthorize	16-0	3916-1		

Y

			TOTAL TOTAL CONTRACTOR OF THE PARTY OF
armer	DWisht		etta
(Last name of head of family)  100 Ct GO, R.F. (Mail address, number, and street, R. F. D., box	D. NEZPE)		20
Print below full name and date of birt application. If person listed above as receive a book at this address, repeat the	h of each person included in this head of family is eligible t	0 1 1 10 1	
Print FIRST NAME, MIDDLE INITIAL, TO RECEIVE RATIO	LAST NAME OF each PERSON N BOOK	Month Year	Leave Blank
EFFIE A	rmer	AU3. 183	49
4	SPACE IS NEEDED USE BACK OF CAN	3D	
548451 <b>DU</b>	The person signing the that he has authority to it are true. A false certification	is application certified to so and that all sta	tements in
junes Du	18ht. E.a. (Signature of applicant	YMEY or authorized agent)	 6—33916 <b>-1</b>
(Date)			
Baune (Last name of head of family)	William (Birst name)	Unitial) Julia	etta
(Mail-address, number and street, R. F. D., box n	Latah (County)	Idaho	)
Print below full name and date of birth application. If person listed above as receive a book at this address, repeat the	it name on the first line below.	4 2 9 6 4	D D
Print first name, middle initial, L to receive ration	AST NAME OF each PERSON BOOK	Month   Year	Leave Blank
1 William Baune		Feb 1877	7 8
2			
4			
622866 DU 12 MONII 6	The person signing this that he has authority to dit are true. A false certification	s application certifies	ements in
June 2, 1943	Villiam	Buc	MI
(Date)	(Signature of applicant of	r authorized agent) 16	-33916-1

(Last name of head of family) (First name)  (Mail address, number and street, R. F. D., box number, etc.) (County)	(Initial)	Julie City or post	tta office)		
(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.	45	NOT WRITE HE	RB		
Print first name, middle initial, last name of each person to receive ration book	Month	Year	Leave Blank		
Trem Gurunand			17		
2					
the second secon					
3			/		
			2200		
4 AND COLUMN THE PART OF CARE					
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) (Date) 16-33916-1

Baken	Bertie	120.00
(Last name of head of family)	(First name)	(Initial) (City or post office)
(Mail address, number and street, R. F. D., box	number, etc.) Neg Peu	ce Idaho
Print below full name and date of bit application. If person listed above a receive a book at this address, repeat to	as head of family is eligible to	100011
Print FIRST NAME, MIDDLE INITIAL,		Month Year Malank
1 Berlie Be	ulah Baker	Dec 50 apr 2
2 Beulah Jean 3 Virgih Leona	rd Daker	Nov. 128 7
4		
548987 <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.
10.6.43	Bertie B	aker
(Date)	(Signature of applican	t or authorized agents 16—33916-1

Biddison Crayton (Last name of head of family) Crayton	8 Juliact
P.C. Box 20 364 Latz (Mail address, number and street, R. F. D., box number, etc.) (County)	h 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.	2 66 4 8
Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	Month Year Blank
Crayton S. Biddison	129 1886 8
4 LIF 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.
June 1st Nellie BLY (Signature of applyant	Bidd 156 N or authorized agent) 16-33916-1

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINE	S ON OTHER	SIDE F	IRST
Print first name, middle initial, last name of each person not listed on other side	Month	Year	Leave Blank
swilliam Fred Albrigh	_ 9	1932	5
TONT PAUL A Spright	8	1934	6
7			
8			
9			
10			
1		******	

DO NOT WRITE IN THIS SPACE

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

BIYGE VIYGI	P. Ju	liaet)	9		
(Mail address, number and street, R. F. D., box number, etc.) (County)		Ida H			
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.	4 3 G	WRITE HERE			
Print first name, kiddle initial, last name of each person to receive ration book	Month	Year	Leave Blank		
1 Virgil R. Birge	aug	1910	9		
2 dune L. Birge	max	1918	20		
3 LAYRY Dale Birge	may	1937			
4 Glenda M. Birge	NOV.	1938	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.					
Clyne 10 43 June L. B. (Signature of applicant or	suthorized as	rent) 16—3	3916-1		

13/5HOP D	MRS.) Z	A Ju	I//AC	TTA
(Last name of head of family) (First name)	T(t)	mitial) (Ci	ity or post of	nce)
		1	DA	HO
(Mail address, number and street, R. F. D., box number, etc.)	(County)		(State)	
Print below full name and date of birth of each person includapplication. If person listed above as head of family is elective a book at this address, repeat that name on the first lib	ligible to !	228	5 8	
Print first name, middle initial, last name of each person to receive ration book &	N	Month I	Venr	Leave
-00 - 1 10 B 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		LAGAL	1858	1
1 Miles Williams		6	10010	
, alvee a smoon	O	buy	1810	2
. M. Plie M. Mellilla	ull	(1)	1882	3
3 -4-				
4				
IF MORE SPACE IS NEEDED USE BA	oning this	application	certifies to	OPA
623014 that he has auth it are true. A fa	ority to do s	so and that	all stateme	ents in
hour 8-43 nellie M.M.	lew	elli	am	0
(Date) (Signature of	f applicant or a	uthorized ag	(ent) 16—	3391 <b>6-1</b>

Boone	Luella	Juliaet
(Last name of head of family)	(First name)	(Initial) (City or post office)
		ah Idaho
(Mail address, number and street, R. F. D., bo	x number, etc.) (County	
Print below full name and date of bi application. If person listed above a receive a book at this address, repeat	rth of each person included in t as head of family is eligible that name on the first line belo	his to 3 1 7 1 0
Print first name, middle initial, to receive ratio		Month Year Blank
1 Luella 5	loone J	anuary 1892 0
2 Alfred 13	oone 1	ovember 1893
3 Billy 7- To	Boone 17	ugust 1931 2
4 Alfréd 17. 1	Boone H	ovember 1934 3
II WOE	S SPACE IS NEEDED USE BACK OF C.	
622857 <b>DU</b>	that he has authority to	this application certifies to OPA odo so and that all statements in ification is a criminal offense.
lune 5-1943	Luelle	a Boone
(Date)	(Signature of applica	nt or authorized agent) 16-23016-1

WILLARD BOWEN	WILLARD (First name)	(Initial)	by or post offi	ttA
P.O. Boy 32 (Mail address, number and street, R. F. D., b	P.O. Box 322. LATAH			10
Print below full name and date of happlication. If person listed above receive a book at this address, repeat	pirth of each person included in this		T WRITE HERE	0
Print first name, middle initia	L, LAST NAME OF each PERSON	Month	Year Year	Leave . Blank
1 MULLARD C. BOL	1 WHOMARD C. BOWEN			The
FITEBATH M	BOWEN	mov.	1922	3
BEVERLY P	BOWEN	Och	1940	1
4 BYRON M	Bowen	Deco	1941	5
IF MO	RE SPACE IS NEEDED USE BACK OF CARI			ODA
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.				
72200	8 n . 6 11	4	17	

June 4

Olepheta M. Dae (Signature of applicant or authorized agent)

Bowen (Lest name of head of family)	Sandra	L Ju	lia etta, I
Julia etta (Mail address, number and street, R. F. D., be	LaTa	6 1	dako (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		70
Print first name, middle initial to receive rate	ION BOOK	Month	Year Blank
1 Sandra Le	e Bowen	June	1943 0
2			
3			
623350 <b>DU</b>	The person signing the that he has authority to it are true. A false certification of the control of the contro	is application of	all statements in
(Date)	(Signature of applicant	or authorized age	nt) 16—33916—1

BOWEN	WILLARD	10/1	light
(Last name of head of family)	(First name)	(Initial) (City	or post office)
	Later	. 2	dako
(Mail address, number and street, R. F. D., bo	x number, etc.) (County)	the same of the sa	(State)
Print below full name and date of bi- application. If person listed above a receive a book at this address, repeat	as head of family is eligible to	4	6 6 6
Print FIRST NAME, MIDDLE INITIAL,		Month ! Y	ear Blank 2
1	2		
4 Buth BURTON F.	BOWEN	Sept. 19	43 8
IF MOR	E SPACE IS NEEDED USE BACK OF CARD		
560524 <b>DU</b>	The person signing this that he has authority to dit are true. A false certific	o so and that all	statements in
Oct. 3. 1943 9	nowella	ed C.L	Journa
(Date)	(Signature of applicant	or authorized agent)	16-33916-1

Brown	1 Rabat	1117	· Very	
(Last name of head of family)	(First name)	1	uliaet	ta
R.F.D. 2	h D	1+	City or post of	fice)
(Mail address, number and street, R. F. D., 1	box number, etc.) (County)	1	dah	0
Print below full name and date of application. If person listed above	birth of each person included in this	DO N	(State) OT WRITE HER	B
receive a book at this address, repea	t that name on the first line below.	220	969	D
Print first name, middle initiate to receive ra-	AL, LAST NAME OF each PERSON FION BOOK		F BIRTH	Leave
0 + 1 6		Month	Year	Blank
1 Robert L. I	lrowh	Jan	1903	0
2 Helend G. R	brown	Jan	1902	7-
3 Arleen M. I	3 rown	Apr.	1930	2
1 Donald L. I	3 rowh	July	1936	3
LF MC	BE SPACE IS NEEDED USE BACK OF CARL	,	Triple by the same of the same	-
TO COOC DI	The person signing this that he has authority to d			
622986	it are true. A false certific			
615/43	Lloyd Y.	320	wn	,
and and and and	Signature of applicant of	r authorized a	gent)	2016 1

Browning	C.C		ules	e.K
(Last name of head of family)	(First name)	(Initial)	(City or post o	ffice)
			Sach	العد
(Mail address, number and street, R. F. D.	., box number, etc.) (County)		(State)	-
	f birth of each person included in this ve as head of family is eligible to eat that name on the first line below.	334	tgg	
Print FIRST NAME, MIDDLE INC. TO RECEIVE I	TIAL, LAST NAME OF each PERSON RATION BOOK	Month C	Year Year	Leave Blank
CC. Broll Wola Bro	whing	Apr24 Tune 2	1873	6
3	Q.			
4				l
622904 <b>DU</b>	Mone brace is needed use back of care  The person signing the that he has authority to c it are true. A false certifi	is application	nat all statem	ients in
(Date)	(Signature of applicant	or authorize	d agent) 16-	-33916-1

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				·							
THE PERSON NAMED IN	MANAGEMENT OF THE PARTY OF THE		-					THE PERSON NAMED IN	A STATE OF THE PARTY OF THE PAR	Transfer Printers	-
SE .	LINES	BELOW	FOR	ADDITIONAL	NAMES.	FILL ALL	LINES	ON O	THER	SIDE	FIRS
SE .	-	The second second	-	ADDITIONAL		Description of the second	LINES	-	THER		FIRS

Print first name, middle initial, last name of each person		DATE OF BIRTH		Leave
-	NOT LISTED ON OTHER SIDE	Month	Year	Blank
5	Billy Ray Birge	may	1936	3
6			13/1/2	A Day of
7				
8			ALC: N	
9				· ·
10			, , , , , , , , , , , , , , , , , , ,	
11		4544444444		
12				

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

DO NOT WATER IN THIS STATE		-
ISE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LIN	ES ON OTHER S	SIDE FIRST
Print first name, middle initial, last name of each person not limbed on other side	Month Month	Tear Blank
5 BURTON P. BOWEN	Sept 37 19	143
6		
7		
8		
9		
10		
	Control between Property and Control of the Control	THE RESERVE AND ADDRESS OF THE PARTY OF THE

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 LINE	ES ON OTHER SIDE	FIRST
Print first name, middle initial, last name of each person not listed on other side	Month Year	Leave Blank
s Carol L. Brown	Dec. 1940	4
6		
7		
8		
9		
10		-
11		
IF THERE ARE MORE THAN 12 PERSONS COMPLETE AND	THER APPLICATION	N

DO NOT WRITE IN THIS SPACE

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

Buchana Lula L. Juliac (Clast name of head of family) (First name) (Initial) (City or post office	HA
(Mail address, number and street, R. F. D., box number, etc.)  LATAH I JAI  (County) (State)	10
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.	D
	Leave Blank
1 Lula L. BuchANAN Hug. 1871	5
2	
4	
IF MORE SPACE IS NEEDED USE BACK OF CARD	ODA
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 offense	nts in
Lula L. Buchanan	1
(Date) (Signature of applicant or authorized agent) 16-33	3916-1

1

У

Calvert	George		aetta
(Last name of head of family)	(First name)	(Initial) (City o	r post office)
P.O. Box 335 (Mail address, number and street, R. F. D., b	ox number, etc.) Latat	1da	h o
	int of a december included in this	DO NOT WR	ITE HERE
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 1	45
Print FIRST NAME, MIDDLE INITIA TO RECEIVE RAT	ION BOOK	Month Month	Year Leave Blank
1 Clema S.	Calvert	Oc 7.3 19	44
2			
3			
4			
1F MO	RE SPACE IS NEEDED USE BACK OF CARI	0	
560863DU	The person signing thi that he has authority to d it are true. A false certific	o so and that all	statements in
Olch 7-1944 m	no George D. (	Calvert	
(Date)	(Signature of applicant	or authorized agent)	16-33916-1

Candler	Donald	B	City or post of	the
(Last name of head of family)  Boy 36 (Mail address, number and street, R. F. D., bo	nesPe	1	Isla (State)	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	0 100	25 VCX	
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATI	, LAST NAME OF each PERSON ON BOOK	Month C	Year Year	Leave Blank
Leah A. Co	andler	typil 30	1945	
2	SV			
4				
323203 <b>DX</b>	The person signing the that he has authority to it are true. A false certification of the control of the contro	is application do so and the ication is a column	at all stateme	nts in
(Date)	(Signature of applicant	or authorized	16-	33916-1

Candler (Last name of head of family)	William	L J	ulidetta
(Mail address, number and street, R. F.	332 Lata D. box number, etc. County	h   ]	daho
application If nerson listed ab	of birth of each person included in the love as head of family is eligible peat that name on the first line belo	his to	5 8 D
Print FIRST NAME, MIDDLE II	NITIAL, LAST NAME OF EACH PERSON E RATION BOOK	Month	Year Blank
1 William Lloyd		July .	1880 4
2 Flora Maud	6.4	Jan.	19296
Meil Leon	can dier	OCT	19 30 7
697933 <b>DU</b> "	The person signing that he has authority to it are true. A false cer	this application	ar all statements in
June 1st	W, L Car	ndle	agent) 16 22016-1
(Date)	(Digitaldic of approxi-		16-33916-1

CARLTON CAROLINE JULIAE (Clast name of head of family) (First name) (City or post office)	77
Mail address, number and street, R. F. D., box number, etc.) Lounty (County) (State)	0
Print below full name and date of birth of each person included in this pplication. If person listed above as head of family is eligible to eccive 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 Lea To, receive ration book Month Year Blan	ve k
1 CAROLINE CARDION FEB 16 1887 8	>
JAMES CARLTON DEC30 1908 9	7
3	
4	
The person signing this application certifies to Of that he has authority to do so and that all statements it are true. A false certification is a criminal offense.	PA in

hand 2 / 943

(Signature of applicant or authorized agent) 16-

Carlton	Charles	1	Julia	ett
(Last name of head of family)	(First name)	(Initial)	(City or post	office)
	Lala	h	Id	a.
(Mail address, number and street, R. F. D., bo	x 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	111	2 95 C)	
Print first name, middle initial to receive rate	ION BOOK	Month	Year Year	Leave Blank
1+ CHARLES	L. CARLTON	aug	1913	
2				
4				
560921 <b>DU</b>	The person signing this that he has authority to dit are true. A false certific	s application so and the cation is a	criminal offens	se.
(Date)	(Signature of applicant	or authorized	agent) 16—	33916-1

CLARK OLIVER	WT	ULIAE7	TA
(Mail address, number and street, R. F. D., box number, etc.)	4 1	DAH (State)	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.	27	+ 05	
Print first name, middle initial, last name of each berson to receive ration book	Month	Year Year	Leave
2 PLIVER W. CLARK.	July 1	5 1873	7
3	3 / 0		
The person signing this that he has authority to dit are true. A false certific	s applicati		
(Date) 2. 1943 Oliver Wo (Signature of applicant of	LOA r authorized	agent) 16—	33916-1

CLAYK	WalL	ace	H.N.	Juliaet	7
(Last name of head of family)	(1	First name)	(Initial)	(City or post office)	
R.F.D. #./,		Lata	h	10a,ho	2
(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	irth of each po	erson included in this	41	4 4 6	
Print FIRST NAME, MIDDLE INITIAL	LAST NAME O	F each PERSON	THE REAL PROPERTY.	DOF BIRTH Lea	
TO RECEIVE RATE	ION BOOK		Month	Year Bla	nk .
Wallace, H.I	V. CL	ark	5- 6	4 1906	7.5
Jacquelyn, t	t. CL	ark	7	1927	4
CLINTON, W	V. 6 6	A 1 /1			-
623041 DU 15 MOI 6/3/-43 Ma	Th	DEPEND USE BACK OF CARRIED REPRISON Signing this he has authority to do e true. A false certification of applicant (Signature of applicant	o so and	a criminal offense.	/

Clark (Last name of head of family)	Wiltred	Co	Tulia	ette
R.F.D.#1	number, etc.) Latah		Idah	O
Print below full name and date of birth application. If person listed above as receive a book at this address, repeat the	head of family is eligible to	1011	5 <sup>†</sup> 7	D
Print FIRST NAME, MIDDLE INITIAL, I TO RECEIVE RATION	LAST NAME OF EGGA PERSON	Month O	Year Year	Leave Blank
Wilfred Gland	de Clark		1904	8
2 Lois C C	lark		1909	9
3 Claudene G	1 ark	11	1929	80
4 Joan Clar	lc	9	1932	1
23027 <b>DU</b> 25 MORE	The person signing thi that he has authority to d it are true. A false certifi	s application	at all statem	ents in
6-1-43 (Date)	Claus (Signature of applicant	or authorized	lark agent) 10-	-33916-1

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LIT	VES ON OTE	IER SIDE	FIRST
Print pinst name, inddle initial, last name of each ferson not limbe on other side	Month &	Year Year	Leave Blank
, Arthur Dale Candler	oct.	1925	8
6			
8			
9			
10		The second secon	
11			
IF THERE ARE MORE THAN 12 PERSONS, COMPLETE A	NOTHER AL	PLICATIO	N

DO MOI WRITE IN THIS OF HOE

DO NOT WRITE IN THIS STREET		0.2487	
USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LIN	ES ON OTI	HER SIDE	FIRST
Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON	DATE	OF BIRTH	Leave
NOT LISTED ON OTHER SIDE	Month	Year	Blank
5 Dean G. Clark	9	1934	12
5 Dean C. Clark 6 Carol E. Clark	2	1937	13
7			YP.
8			
9			
10			
11	A SHEET WATER		

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

		11		
GLARK	WILLIAM	MIJ	ULIA	FTT
(Last name of head of family)	(First name)		ty or post office)	
R.F.D. NO.T.	ox number, etc.) LATA	HI	DA'H	0
Print below full name and date of b	isth of each person included in th	DO NOT	WRITE HERE	
application. If person listed above receive a book at this address, repeat	as head of family is eligible t	0	63	圖入
Print first name, middle initia to receive rat		Month		lank
INILLIAM M	CLARK	MAYL	1891	8
ALICE M. C	LARK	FEBIL	1893	7
4	,			
IF MO.	RE SPACE IS NEEDED USE BACK OF CA	RD		
711229 <b>DU</b>	The person signing that he has authority to it are true. A false certi	do so and that	all statement	OPA s in
$\gamma_{l}$	now. m. le	lark	٠.	
(Date)	(Signature of applicant	or authorized age	nt) 16—3391	16-1

Cochran	Walter	J	Juliae	tta
(Last name of head of family)	(First name)	(Initial)	(City or post o	ffice)
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(Date)	(Signature of applicant	or authori	zed agent) 16-	33916-1

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(Signature of applicant or authorized agent) 16-

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	Frank E	Cra	ne	-
***************************************	(Signature of applican	t or authorized	agent)	22016-1

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	. 4		77
1 DAVID P. PANIEIS	NOK	1904	4
Frances M Daniels	TEN	1989	2
3 ZBIMA L DADIEIS	July	1909	6
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622984 that he has authority to dit are true. A false certific	cation is a	riminal offens	ie.
June 6-1943 delmand	AXC	and	Mo
(Date) (Signature of applicant	authorized	agent) 16-	83916-1

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(Date)

it are true. A false certification

Taniels

(Signature of applicant or authorized agent)

DO NOT WRITE IN THIS SPACE

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

Print first name, middle initial, last name of each person	DATE OF BIRTH		Leave . Blank	
NOT LISTED ON OTHER SIDE	Month	Year	Biank	
5 COOK CLIFFORD Joseph	no	1934	9	
6COOK Carrie Bell	oct.		20	
7 COOK ROBERT		1938	1	
& Cook Donothy man	ang.	1927	2	
GOOK WILLIAM	June	The state of the s	3	
10 Cook LLo Vd alfred	pet	1936	#	
11 COOK ASA JAMES	Jeb	1933	5	
12				

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

### ANIELS VESTER (Last name of head of family) (First name) (Initial) (City or post office) NEZ PERCE Idaho (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 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 Leave Blank Month Vonr 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)

		12 4 1 2 2		
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(Last name of head of family)	(First name)	(Initial) (	City or post of	fice)
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2 Bonnie E.	DANICIS.	MARCH	1927	9
3 Ellis. E.	WriGHT	Sept.	18.75	20
4 BETh	COOK	July	1941	
IF MOI	RE SPACE IS NEEDED USE BACK OF CARL			
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 Bonnie E DANIE 13
(Signature of applicant or authorized agent)

Davis (Last name of head of family)	ERNEST (First name)		ULIAE (City or post	
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1 ERNEST L.	DAVIS	DEC.	1909	5
2 EVA M.	DAVIS	APRIL	1918	6
3 MARY J.	DAYIS	OCT.	1936	7
4 BOS POBERT	L. DAVIS	OEC.	1937	8
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(Date)	(Signature of applicant	or authorized	agent) 16-	33916-1

Davis.	Willis	R	Juliai	tta
(Last name of head of family)	(First name)	(Initial)	(City or post of	fice)
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(Signature of applicant or authorized agent)

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TO RECEIVE RATE	ION BOOK	Month	Year	Blank
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, note from )	r. shown			
1 11/8/44 /12				
Th Wor	RE SPACE IS NEEDED USE BACK OF CARD			
560854 DU	The person signing this that he has authority to dit are true. A false certific	o so and th	at all stateme	ents in

(Signature of applicant or authorized agent)

DENNLER ADOLPH GULIAETTA
Julia ETTA  (Mail address, number and street, R. F. D., box number, etc.)  (City or post office)  (County)  (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 To receive ration book Month   Year Blank
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ESTHER. P. DENNLER MARS 1916 9
KENNETH A. DENNLER AUSSI 1936 70
4LINETTE, D. DENNLERDEC 31 1940 1
IF MORE SPACE IS NEWDED 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 6 1943 Mrs adolph Dennler.
(Date) Signature of applicant or authorized agent) 16-33916-1

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annegation (	Date)		A CONTRACTOR	(bignature of applican	or surnor	and inguine	16-3	3916-1

DENNLER	GEORGE	Juli	AETTA
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	Dearge Tres	cant or authorized agent) 16-33916-1			
(Date)	(Signature of appl	icant or authorized agenty 16-33916-1			

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

Den Mer Kuni (Initial) Julia 977a
Mail address, number and street, R. F. D., box number, etc.) Latah Ldaho
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 KUNI DENNIER JULY 1984 1
2 TOM DENNIET OFFIL 1912 2
3 THE TILN DEN WIET MOV. 1914 3
4 HERMAN DENNIET DEC. 1917 4
LF 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 3 Mrs Kani Dennler
(Signature of applicant or authorized agent) 16 22016-1

(Date)

### DENNLER (Last name of head of family) RED#1 BOX-15 LATAH (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 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 Year 1 DE NNLER WALTER 2 DENNLER MARIE 3 DENNLER DEC 18 194 DENN LER 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 2

(Signature of applicant or authorized agent)

DILLM A N (Last name of head of family)	DANIE L	12/	City or post	AETI		
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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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3 CORAL 7. F	ILLMAN	FULY	1940	8		
4 LARRY D.	DILLMAN	YAN	1943	9		
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h 11943 7	Irs Daniel H	Dell	ma	n		

(Signature of applicant or authorized agent)

Dill MAN (Last name of head of family)	William (First name)	M (Initial)	Tuli A	etta ost office)
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1 William M.	DILINAN	Abei	143 18	83 0
2 POLLY MAY	DILIMAN	MAY	3 18	85 /
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622873 DU	The person signing this that he has authority to dit are true. A false certific	s applica	that all st	tatements in

TUNE-4-1943

(Signature of applicant or authorized agent)

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(Signature of applicant or authorized agent)

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(Date) (Signature of Applicati	or authori	zed agen 16-	33916-1
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(I and name of land of the land	E	Julia	etta
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June 7

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(Signature of applicant or authorized agent)

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(Date)

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USE LINES BELOW FOR ADDITIONAL NAMES, FILL ALL LIN.  Print first name, middle initial, last name of each person not listed on other side	DATE OF Month	-	Leave Blank
5 KUNI DENNLEY	July	1884	-5
6 TANI DENNIET	Crix s	1912	6
8 HETM & N DENHIET	086.	917	-

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

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6/1/43

Mass. Carl J. Flight.
(Signature of applicant or authorized agent)

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1 HARRY C. F.	OWLER	MARCH	1887	4
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une 25-1943

(Signature of applicant or authorized agent)

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

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

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June 2 15 43 Slo January of applicant of authorized agent) 16-83916-1	(Date)

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17%	Giese Go
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	District, R. F. D. box pure
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(Signature of applicant or authorized agent) 16-33918-1

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----(Date)

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The person signing this application tenther in 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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(Signature of applicant or authorized agent) 16-33916-1	
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(Last name of head of family) (First name) (Initial) (City or post office)	57
PAR Juliaetta Ida. Latah Idaho (Mail address/number and street, R. F. D., box number, etc.) (County) (State)	
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9-14-43 (Date) (Signature of applicant or authorized agent)

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JUNE-4-43 (Date)

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

GROSECLOSE	GEORG	T	VV	JULLAR	TTA
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R.F.D.#2		NEZ PERCE	]	IDAHO	
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4 VIRGIE A. GROS	ECLOSE	3 7	APRI	4 1931	6
The person signing this application certifies to OPA					

June 3, 1943

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

(Signature of applicant or authorized agent)

a	prosectose +	+01	ston	16.	Julias	Ita
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	4 Mary E. Ottose	E SPACE IS NEEDED U	SE BACK OF CARD	Se PT.	14 18	78	7
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J	(Date) 1943	Cecil (Signature	Luell tre of applicant or	7	-d o		
		Ç-,Emana	or applicant or	authoriz	ed agent)	16-33916	3-1

Grasechase (Last name of head of family)	Lesse (First name)	B	Julia d	15
R.F.D. 2	Nezper		Idah	100,000
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2 Anna Gro			.3 /893	7-
622961 <b>DU</b>	The person signing this that he has authority to dit are true. A false certific	s applica	that all statem	ients in

(Signature of applicant or authorized agent)

16-83916-1

GRUELL (Last name of head of family)  Box 1	DONAL D	(Initial) (City or post office)
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622941 DU 6	that he has authority to c it are true. A false certifi	is application certifies to OPA to so and that all statements in cation is a criminal offense,
40000000000000000000000000000000000000	(Signature of applicant	op authorized agent) 16-33916-1

16-33916-1

(Date)

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2 Au Drey. HAZeLGuthre	210	91	6
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(Signature of Applicant or authorised agent) 10-22215

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			2419.25.00
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	Print first name, middle initial, last name of each person	DATE O	P BIRTH	Leave
-	NOT LISTED ON OTHER SIDE	Month	Year	Blank
5	BENNY L. GROSECLOSE	MAY	1932	7
6	PHYLLIS ELAINE GROSECLOSE	OCT	1933	8
7	DONNEL E. F. GROSECLOSE	JULY	1936	9
8	RICHARD EARL GROSECLOSE	NOV.	1938	40
9	JOSEPH THEODORE GROSECLOSE	MARCE	1940	1
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IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION FOR PERSONS NOT INCLUDED IN THIS ONE

Guthrie	Marie (First name)	E (Initial)	Julia					
(Last name of head of family)  (Mail address, number and street, R. F. D., be	Latan	(Initial)	Idah	D				
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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.								
(Date) X (M)	(Signature of applicant	or authorize	ed agent) 16—(	33916-1				

Hadley	pred	20.0	uliac	ett
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2 Rose E Ha	udle-y	april	1906	-2
3 Shiplev W.	Hadlev	1eb	1929	0
4 Peggy m	. Hadley	april	1932	9
622909 <b>DU</b>	The person signing the that he has authority to it are true. A false certification of the true of true	nis application do so and the	at all stateme	ents in
Quine 1. 1943 1	Gred W H	ad	leef	
(Date)	(Signature of applicant	or authorized	agent) 16—	33916-1

	HALL ALVA	P	Juliant	to En
	(Last name of head of family) (First name)	(Initial)	U(City or post	office)
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	I ALVA R HALL	Sept	, 1897	4_
	2 ESTHER E. HALL	nov.	1895	5
41	VAREYNOLD HALL	Jun	1935	10
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	IF MORE SPACE IS NEEDED USE BACK OF CAR			
	The person signing the that he has authority to it are true. A false certification	do so and	that all stateme	ents in
A	um 2 43 alva	R	Ital	1
1	(Date) (Signature of applicant	or authorize	ed agent) 16-	-33916-1

Hall James	M	Ju	liae	tta
(Last name of head of family) (First name)	(Initial)	(Ci	ty or post of	Hice)
P.O. Box 353		J.	das	ho.
(Mail address, number and street, R. F. D., box number, etc.) (County)			(State)	
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TO RECEIVE RATION BOOK	Mon	th	Year	Blank
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IF MORE SPACE IS NEEDED USE BACK OF CAR	0			
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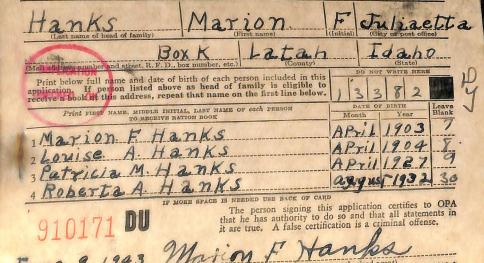
UAMES MARTIN HALL

(Signature of applicant or authorized Agent) 10 - 2001

(Date)

Hall	Tob	ent	H	Jeeles	aett	AL.
(Last name of head of family)	(Firs	t name)	(Initial)	(City or po	ost office)	
				Oda	ho	u
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622932 <b>DU</b>	The p	b USE BACK OF CARD erson signing this has authority to do ne. A false certific	application so and	ation certifie l that all sta a criminal o	s to OPA tements in ffense.	
(Date)	(Si	gnature of applicant o	r authori	zed agent)	16-33916-1	

Halliday	ME	10	Julia	etta			
(Last name of head of family)	(First name)	(Initial)	(City or post				
RF17 +		ce	1dah	0			
(Mail address, number and street, R. F. D., bo	r number, etc.) (County)		(State)				
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, Margaret.	Hall , day	Jan.	1893				
JANET C	Halliday	Jan	1923	d			
Mary Louise H	alleday	oct	1925	9-			
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 5-1943	(Signature of applican	t or authorized	agent)	-33916-1			



HANNEMANN (Last name of head of family)	CARL (First, name)	Fa	JULIA (City or post of	EITA
(Mail address, number and street, R. F. D., b.	O.BOX17 LATAH		/ DA	THE REAL PROPERTY.
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.	-	HOG	a
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CARLE. HANNE	MANN	OCT	1883	华
2 GRACE E. H		JAM	1882	5
3				
4	BE SPACE IS NEEDED USE BACK OF CAR.	0	-	<u></u>
22938 <b>DU</b>	The person signing the that he has authority to cit are true. A false certific	s application so and the cation is a	criminal offen	ents in
June 2, 1943	Parse. C. 7. Ho (Signature of applicant	er authorized	may	
(Date)	(Gighatare of applicant	0, 0,000	16—	33916-1

			Julianta
(Last name of head of family)	(First name	(Inftini	
Mail address, number and street, R. F. D.		GUST (County)	juliaetta,
Print below full name and date o application. If person listed above receive a book at this address, repe	The second secon	-	(State) Jack
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1 Curgust 1	Vanson	Januar	19862 19863
2		0	
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622886 <b>DU</b>	that he has an	signing this applica	ation certifies to OPA I that all statements in a criminal offense.
(Date)	(Signatur	e of applicant or author	ized agent) 16-33916-1

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	Charles and the Control of Laboratory		
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(12 24 20 P //2 d/024	MOT	1022	1.
5 yay he Littage	- 00	1750	00
6 1-rearica Hadley	7eb	1936	1
7 Billy. T. Hadley	OCT	1938	2
	- 1000-000-00-0	0	

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

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

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(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., 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 bieth Leave Blank  TO RECEIVE RATION BOOK Month Year
LOUIE A. HAYYISON. OCT. 1888 2
Mollie S. HAYYISON NOU. 1895 3
FLLEN SEVENS HUYV869 4
4 PICHARD M.ELLENWOMAR. 1936 5
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.
Lauie a. Harrison.
(Date) (Signature of applicant or authorized agent) 16-33916-1

HazelTine	E) md		id E7	
(Last name of head of family)	(First name)	(Initial) (	City or post of	fice)
ROUTE 9	NETETC	EJ	ddHo	
(Mail address, number and street, R. F. D., bo	ox number, etc.) (County)	l no w	(State)	
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1 E) md L. H	dZEITINE	NOV.	1917	8
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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.				
	and the second s			

JUNE 1. 1943

Elma L HazelTine
(Signature of applicant or authorized agent)

Heath	Edward	N. Julia	ett
(Last name of head of family)	(First name)	(Initial) (City or post of	fice)
R.F.D.	Nez Pe	rce Ida	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	01/7/	8
Print first name, middle initial to receive rati			Leave Blank
1 Edw	ard N. Heath	Oct. 1891	4
2 Mild	red E. Heath	Aug. 1893	5
3 Gor	don P. Heath	apr. 1923	6
4 EVe	I yn M. Heath	June 1926	
It won	The person signing this	s application certifies to	OPA
622990	that he has authority to di it are true. A false certific	o so and that all statemer	nts in
June 1 1943 7	reldred E.	Heath	
(Date)	(Signature of applicant	or authorized agent) 16-3	3916-1

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

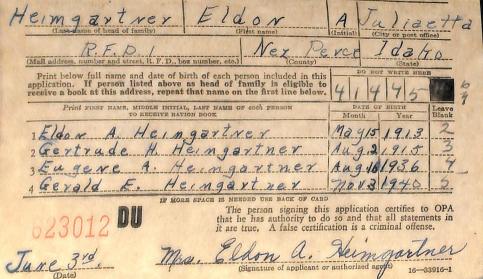
Heath   Flora	EI.	ligel	Ha
(Last name of head of family) (First name)	(Initial) Cit	y or post offic	Tolah
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1 Heath Flora E.	4	1915	ody
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(Date) (Signature of applicant of	authorized age.	16-33	3916-1

	Hedler (Last name of head of family)	John (First name)	M	Ju)io	effa
(Mail	address, number and street, R. F. D.	box number, etc.) Late	ah	Tda (State)	ho
appl	ication. If person listed abou	f birth of each person included in ve as head of family is eligible eat that name on the first line bel	this e to	o 6 9	D
	Print FIRST NAME, MIDDLE INITED RECEIVE I	FIAL, LAST NAME OF each PERSON RATION BOOK Hedler	Month	Year 1889	Leave Blank
2 -	Fannie /		Januar	y 1892 y 1928	3 4
4 -		MORE SPACE IS NEEDED USE BACK OF	CARD		
	2942 DU	The person signing that he has authority it are true. A false co	to do so and	that all staten	nents in
lun	12 3-1943 -	(Signature of applie	He	de y	-33916 <b>-1</b>
	(Date)				

Heimeartner	AIRERT	I.TI	T. 1:	
(Last name of head of family)	(First name)	(Initial)	0111	zette
Juliaetta (Mail address, number and street, R. F. D., bo:	number, etc.) ne 3 Pe 7		Ida	h o
Print below full name and date of bis application. If person listed above receive a book at this address, repeat to	th of each person included in this	19	(State) NOT WRITE HER	D'
Print first name, middle initial, to receive ratio	LAST NAME OF each PERSON ON BOOK	Month	OF BIRTH Year	Leave Blank
1 Albert J. Hei	maartner	3/18	1884	8
2 Mystie B. He	mertner	1424	1887	9
3 Flord K. He	mertner	1/19	1924	30
4Bernice BHe	mediner	4/23	1926	1
023006 <b>DÜ</b> 117 MORI	The person signing this that he has authority to dit are true. A false certific	so and th	at all stateme	nts in
6/9/43 /	Jolen Tolon	1	2-1	

(Date)

(Signature of applicant or authorized agent)



1	leimgartner	Limer	Juliaett	
	(Last name of head of family)	(First name)	(Initial) (City or post office)	i
	R. 7. D. 1 (Mail address, number and street, R. F. D., be	ox number, etc.) Lata	h 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 eligible to	1 1 1 1 1 1 1 1 1	1700
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	2 Lola Maeh	hand to have been been been been been been been be	mar 1913 7	
	3 deannine M.	Heimgartner	Aug. 1738 6	
	4 Donna A. He	E SPACE IN NEEDED USE BACK OF CAR	1104. 1772	
	623032 DU	The person signing the	is application certifies to OPA do so and that all statements in ication is a criminal offense.	

(Signature of applicant or authorized agent)

HEIMGARTNER (Last name of head of family)	ERMA	R	JULIAE		
Mail address, number and street, R. F. D., box number, etc.)  MEZ PERCE 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.					
Print FIRST NAME, MIDDLE INITIAL, TO RECEIVE RATIO  1 FRMA R. HEIM  2 NADINE J. HEIM  3	MGARTNER	Month APRIL NOW	Year 1918	Leave Blank	
Nº 827737  CR that he has authority to do so and that all statements in it are true. A false certification is a criminal offense.					

June 7, 19 43

Mines Clarence Dermagartiner

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	Year Year	Leave Blank
· Irene Fay Heath	ager.	1928	8
6 Lee R. Heath	Jan	1930	9
1 I hez E Heath	Feb	1932	70
8 Norma L. Heath	Oct	1934	-1
9			
10			
11			
12			
IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANO	THER APP	LICATION	

DO NOT WRITE IN THIS SPACE

FOR PERSONS NOT INCLUDED IN THIS ONE

Heimgartner	Lawre	uce.	W. J	uliae	ttu
(Last name of head of family)	(First n	ame)	(Initial) (C	ity or post off	ice)
			1	dal	ro.
(Mail address, number and street, R. F. D., b	oz number, etc.)	(County)		(State)	
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Print first name, middle initia to receive rat		PERSON	Month .	Year Year	Leave / Blank
Lawrence W.	Heimpa	Ther	guly 8	1914	6
1 Lawrence W. 2 Nellie M. H.	eimpar	rtner	oct. 14	1919	7
3 Tanice M. H	eimBari	מראות	out. 9	1943	8
4	5				
, IL WOI	The per	son signing this	s application	certifies to	OPA
623011	that he ha	A false certific	o so and tha	t all stateme	ents in
Z	2 W 96	eim g	artn	en	

(Date)

(Signature of applicant or authorized agent)

Heimgartner	Leshie	F. Juhleetta
(Last name of head of family)	(First name)	(Initial) (City or post office)
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Print first name, middle initial to necesive ratio		Month Year Leave
1 Lestie F. Hel	ngarther	Corpuster 1909 5
2 MAdehena	ZumHoFe	Magrista 1783 6
3 EhS/2/10 H2/	Magativer	1912/19/3
4 Robert. AW. H	umgartver	June 26 1934 8
IF MOR	E SPACE IS NEEDED USE BACK OF CAR	
622993 <b>DU</b>	that he has authority to d	s application certifies to OPA o so and that all statements in cation is a criminal offense.
June 1-1943 1	Polis F. Hei	mgartner
(Date)	(Signature of applicant	or authorized agent) 16-33916-1

Heingartner	Robert		uliaett	a
(Lest name of head of family)	(First name)	(Initial)	(City or post	office)
Juliaetta, Odo	ho na Per	ce !	Skah	2
dean address, number and street, c. F. D., bo	number, ecc.// (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	this to	4 4 4 4	4
Print first name, middle initial to receive rati		Month	OF BIRTH Year	Leave Blank
1 Robert C. Heing	lartNer	aug.	1885	8
2 Boy C. Heing		march	1919	9
3 ha Verne L. He	impartner	may	1925	50
4 Betty J. Heind	artner	aperil	1927	
IF MOR	E SPACE IS NEEDED USE BACK OF	CARD		777
623000 <b>DU</b>	The person signing that he has authority t it are true. A false ce	o do so and th	nat all statem	ents in

Robert C. Hermgartner
(Signature of applicant or appropried agent) 16

401000	Saral Line	Z T
(Last name of head of family)	My C L A M	(Initial) (City or post office)
		Deales
(Mail address, number and street, R. F. D., be	ox number, etc.) (County)	(State) DO NOT WRITE HERB
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	0 000 000
Print first name, middle initia. To receive rat	L, LAST NAME OF each PERSON	Month Year Blank
1 WILLIAM 7	HeimgaRTM	ROCT 1891 6
2 LODA, m. HE	im GARTINER.	may 27 1876
3 WILMA FHEI	MAARTNER	July 1 1926 3
A Frank WHE!	M GARTNER.	aug 15 1920 7
623033 <b>DU</b>	The person signing this that he has authority to dit are true. A false certification	s application certifies to OPA o so and that all statements in
June 4. WI	LIAM FERDING	AND Heim PARTNE or authorized agent) 16-33916-1

(Last name of head of family)	(First name)	(Initial)	(City or post off	100)
Heimfartner (Mail address, number and street, R. F. D., bo	ox number, etc.) William	m.F.	Julyae (State)	Ita
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2 3 Ripia	eement		-	
4			-!	===
560681 <b>DU</b>	The person signing that he has authority to it are true. A false cert	this application	nat all statemer	nts in
7-05	(Signature of applica	nt or authorized	agent) 16-33	3916-1

HOISINGTON	(CLFT15)	F Chicago
(Last name of head of family)	(First name)	(Initial) (City or post office)
(Mail address, number and street, R. F. D	box number, etc.) NEX PER	
application. If person listed abo	f birth of each person included in this we as head of family is eligible to at that name on the first line below.	
Print FIRST NAME, MIDDLE INI	TIAL, LAST NAME OF each PERSON	Month   Year Blank
1 CLETIS F. H	OISINGTON	JULY 1901 I
BEATRICE M.	HOISINGTON	JAN. 1901 2
3 FRANK D	HOISINGTON	SEPT. 1924 3
4 PHIL E	HOISINGTON	APR. 1926 4
III	MORE SPACE IS NEEDED USE BACK OF CAR	D
622995 <b>DU</b>	that he has authority to d	is application certifies to OPA do so and that all statements in ication is a criminal offense.
June 3 '43 _	Wetis Fil	Vorsington
(Date)	(Signature of applicant	t or authorized agent) 46-33916-1

1 /

HOMSEY (Last name of head of family)	NELS (Pirst name)	(Initial)		AET	
R. F. D. /			IO	A Ho	2
Print below full name and date of application. If person listed above receive a book at this address, repea	as head of family is eligible to		G G	1 6	
Print FIRST NAME, MIDDLE INITL. TO RECEIVE RA		Mont	-	Year	Leave Blank
HAZELM	NSEY HOMSEV	FEB.	18 1	910	60
3 JERALD A.	HOMSEY	APR.			2
4 CAROL A.	DER SPACE IS NEEDED USE BAR OF CAR	D	.16 12	-	
623026 DU	The person signing this that he has authority to dit are true. A false certification	o so and	that al	l stateme	ents in
me 9, 1943	nels Hon	r authoriz	ed as Int)	16-3	3916-1

Hooper (Lest name of head of family)	Eileen (First name)	E.	Juliactta
7. Mrs. W.R. Davis	s Latal	٦	Idaho
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 th	is	NOT WRITE HERE
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATE	L, LAST NAME OF each PERSON		TE OF BIRTH Leave
1 Mrs. Eileen Ho	oper	Aug	1920 3
2		-	
3			
818728 EB  Quee 1 / 9 4 3	The person signing to that he has authority to it are true, A false cert  Mus. Eilee  (Signature of applications)	do so and ification is	Horper

			and le
USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LIN	ES ON OTH	ER SIDE	FIRST
Print first name, middle initial, last name of each person not listed on other side	Month	Year Year	Leave Blank
FdaMi Heingartiner	april 20	1936	9
6	,		
7		1 2 3 5	
8		15 104	3
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10			
ıı			
12			
IF THERE ARE MORE THAN 12 DEPCONS COMPLETE AND	O'THER ADI	PLICATION	J

DO NOT WRITE IN A SECRE

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	LINES ON OTH	ER SIDE	FIRST
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ILENE L. HEIMBARTNER	sept/	1936	4
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IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION FOR PERSONS NOT INCLUDED IN THIS ONE

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USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINE	ES ON OTH	ER SIDE	FIRST
Print first name, middle intrial, last name of each ferson not lieted on other side	Month O	r Brarg Year	Leav
A m = ( a : m )	AA .		

Print First NAME, MIDDLE INTIAL, LAST NAME OF each PERSON		r Bmrn	Leave
NOT LISTED ON OTHER SIDE	Month	Year	Blank
5 ARNOLD & HOISINGTON	MAY	1927	6
6 CLETA MAE HOISINGTON	luky	1928	6
7 VIVIAN L. HOISINGTON &	SUNE	1930	
8 NEALE R. HOISINGTON	APR.	1932	8
	SEPT	1936	9
10 WARREN D HOISINGTON	Aug	1941	3-0
11			
12			

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

North to the Control of the Control		A			
Howell	Willis	A	Ju	liaet	ta.
(Last name of head of family)	(First name)	(Initial)	(Cit	y or post offi	ce)
P.O. Box 33			Ig	Aho (State)	
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 this as head of family is eligible to that name on the first line below.	p	O NOT	2 0	D
Print first name, middle initia to receive rat		Mon	th	Year Year	Leave Blank
1 Willis A.	Howell	JAS	>	1919	0
2 Luetta M.	Howell	MA		1924	1
3 CONNIE F.	Howell	AUG	12	1941	2.
4					
022849 DU	The person signing the that he has authority to dit are true. A false certification	s applic	d that	all stateme	ents in

(Signature of applicant or authorized agent)

Hutchisoru (Last name of head of family)	Howard	(Initial)	J U	lia c	e tta
(Mail address, number and street, R. F. D., b	ox number, etc.) Latah		I	State	0
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		O NOT W	2 6	Pu
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RAT		Mont	re of BI	Year	Leave Blank
Howard Hu.	tchisan	Nas	1 1	890	1
Agnes G. H		Sep	t. 1	907	2
3 Wallace G.	Hutchison	101	y 1 _	883	_3_
4					
523022 DU	The person signing this that he has authority to dit are true. A false certific	s applica	that al	ll stateme	ents in

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

Trwin	Laura	E	Juliac	tta	
(Last name of head of family)	(First name)	(Initial)	(City or post	office)	
		Idaho			
(Mail address, number and street, R. F. D., box	AND THE RESERVE AND THE PROPERTY OF THE PROPER	I DO	NOT WRITE HEI	EEE	
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 Mc			Year Year	Leave Blank	
1 (Mrs.) Laura 1	FIrwin	Nou	. 1871	8	
2					
3					
IF MOR	E SPACE IS NEEDED USE BACK OF CAR.	e applica	tion 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.					
June 3 1943 -	(Signature of applicant	or authoriz	ted agent). 16-	-33916-1	

	(Last name of head of family)	Frank	J J	ULIA C	tta
	Box 326 (Mail address, number and street, R. F. D.	box number, etc.) LATA	h I	dah (State)	.0
	application. If person listed above	birth of each person included in thive as head of family is eligible to at that name on the first line below	S	189	S S
	Print FIRST NAME, MIDDLE INTO RECEIVE R	TIAL, LAST NAME OF each PERSON LATION BOOK	Month O	r BIRTH Year	Leave Blank
	Frank J.	JEAN	3/10	1879	5
	2 Julia W.	JEAN	1/1/18	1879	6
	3	***************************************	/		
	4				
	622920 DU	The person signing the that he has authority to cit are true. A false certification	is application	t all stateme	ents in
	June 7, 1943 ~	Frank Joseph	Je or authorized a	cent)	3916-1
0	(Date)			10-0	

Jessup (Lest name of head of family)	Charles (First name)	Julia Julia	letta
P.O. Box &	8 Lata	h Ida	ho
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 / /	2
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATE		Month   Yea	r   Leave
1 Chas. W. Jes:	su <del>p</del> Sup	May 19 18 6	75 8
3			
4			
IF MOE	The person signing	this application certific	es to OPA
022933	that he has authority	to do so and that all striffication is a criminal	atements in
June 8, 1943. C. 1	(Signature of applic	ant or authorized agent)	16-33916-1
(Date)			

(Mail address, number and street, R. F. D., box Print below full name and date of bir	th of each person included in this	DO NO	(State)	ls
application. If person listed above a receive a book at this address, repeat t  Print FIRST NAME, MIDDLE INITIAL, TO RECEIVE RATIO	has head of family is eligible to that name on the first line below.	1 1 1	F BIRTH	Leave
Douglas Car	l Johns	ganso	1944	Biank
3				
hiteo104 DX	B BPACE IS NEEDED USE BACK OF CARD The person signing this that he has authority to d it are true. A false certific	application o so and that	t all stateme	ents in
Mar 19.1944	(Signature of applicant	or authorized a	usent) 16—	33916-1

Johns (Last name of head of family)	Adrian	C. Ju	liaet	rra
(Mail address, number and street, R. F. D., b	ox number, etc. LaTa	14 3	Tda/	40
Print below full name and date of b application. If person listed above receive a book at this address, repeat		his to / o lo	B 6 7	
Print first name, middle initia To receive hat	L, LAST NAME OF each PERSON TON BOOK	Month	Yoar Yoar	Leave Blank
Adrian C.	Johns	nay	1912	6
VIOLA Delphi	ne Johns	July	1912	7
	ann Johns	JAN.	1942	8
Novald Leke	y WhyBark	May	1936	<u> Z-</u>
022928 DU	The person signing that he has authority it are true. A false ce	this application	at all statem	cure in
June 1. 1943 1)	sola (Signature of applied	ht or authorized s	gent) 16-	33916-1

Johns PHI.	L	A. J	Tuliac	tta
(Last name of head of family) (Fig.	rst name)	(Initial)	(City or post of	fice)
Box 3.56	LataH		IdaH	0
(Mail address, number and street, R. F. D., box number, etc.)	(County)		(State)	
Print below full name and date of birth of each per-	son included in this	DO	NOT WRITE HERI	
application. If person listed above as head of fareceive a book at this address, repeat that name on the	mily is eligible to	27	444	10
Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON			OF BIRTH	Leave /
TO RECEIVE RATION BOOK		Month	Year	Blank
PHIL A. Johns		7-10	1905	2
IVA E. Johns		9-30	1912	3
DICKY A Johns		2-2	1930	4
Martorie F. JoH	B 5	12-6	1931	2
4 INTOU-1-1- STATE STATE OF STREET	DED USE BACK OF CARD			

22922 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.

(Cast name of head of family)		Juli	100
(Last name of head of family) (First name)	(Initial)	(City or post	office)
(County)		See	الم
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 HE	AU C
Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK		OF BIRTH	Leave
	Month	Year	Blank V
1 John L. Johnson	4co	1871	14
2 Florence motolinson	Feb.	1881	5
3			
4			
The person signing this that he has authority to dit are true. A false certific	applicati	hat all statem	ents in
(Signature of applicant	or authorize	d agent)	-22010-1

16-33910-1

(Date)

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TIGE VINTED DET AUX FOR AND PRIVATOR AND AND THE AVERTAGE	TO ON OTHER	TEN OFF	PEDOT
USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LIN	ES ON OTH	IER SIDE	FIRST
Print first name, middle initial, last name of each person		F BIRTH	Leave
NOT LISTED ON OTHER SIDE	Month	Year	Blank
sHelen M. Johns	8-31	1933	6
6			1

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

-	Johnson	John	R. Troy	
	(Last name of head of family)	(First name)	(Initial) (City or post office)	
	Box 236	Lata	h Idaho	_
	(Mail address, number and street, R. F. D., be	ox number, etc.) (County	DO NOT WRITE HERE	•
	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	this to 1 2 2 2	1
	Print first name, middle initial to receive rat.		Month   Year Bland	
	John R.	Johnson	July 1898 8	
	Alice V.S.	Johnson	7eb. 1906	1
	3 Vivian L.	Johnson	Aug. 1934 9	0
	4 Arlo J.	Johnson	Nov. 1937	_
	IF MOD	E SPACE IS NEEDED USE BACK OF	CARD	
	810348 DU	that he has authority t	this application certifies to OPA o do so and that all statements in trification is a criminal offense.	A n
1	81945 m	na Alice 76 S	. Anhuson	,

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

Jones (Last name of head of family)	Clyde	E J	uliae	tta.
Box No. 3	72 Lata (County)	/	T da H	1
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	nis DO N	105	t
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RAT		Month C	Year	Leave Blank
1 Clyde F. Jo 2 Zelva M. J	nes	May	1911	2
2 Zelva M. J	ones	Feb.	1912	2
4				
622889 <b>DU</b>	The person signing that he has authority to it are true. A false cert	this application do so and the iffication is a c	at all statem	ents in
(Date)	(Signature of applicar	nt or authorized	16—	33916-1

1100	POUL		1001	Linne	ny		
(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)							
Print below full name and date of bit application. If person listed above a receive a book at this address, repeat to	as head of fam	ly is eligible to	10/2	40 4			
Print first name, middle initial, last name of each person Date of birth Leave to receive ration book Month   Year Blank					Leave		
1 Minnie E.	Kille		Jun	1943	2		
2 Juanita 7	Stile		Gun	1943	2		
3 (-)			0				
4	<u> </u>						
IF MOR	E SPACE IS NEEDEL	USE BACK OF CAR			Sales III		
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, 1993	nimi	و قل )	Kile	J()			

(Signature of applicant or authorized agent)

KLOPHER  (Last name of head of family)	Ma	rt1		(Initial)		L1a	1846
Mail address. number and street, R. F. D.,	box number, etc.)	Nez	Pel	rce		(State)	a.
Print below full name and date of application. If person listed above receive a book at this address, repeat	as head of	family is eli	igible to	1	6 6	8 6	
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Bertha	X LO	PHe	ŕ	Jaser	11 11	287	1
3							
4	DEE SPACE IS HE	e person sig	ning this	applic	ation ce	ertifies to	OPA
623007	that i	he has autho true. A fal	rity to do	so and	that a	ll statem	ents in
June 7-1943	M.	(Signature of a	opt	u	and agent		
(Date)		(Digusante of a	Thomas of	(ACCOUNT		16-0	33916-1

Kneght	Lloyd		9	eli	ne	te
(Last name of head of family)	(First name)	(Initial)	(Ci	ty or pos	t office	o)
	0	1	0	de	les	2
(Mail address, number and street, R. F. D., bo	x 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		NOT	WRITE E	10	D
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATE		Month	re or	BIRTH Year		lank
ILLOVA KN	ight	Aug.	13	189	7 6	0
Ethel Kni	ght.	June	.4	189	4	7
3 Boyd Knig	4+	Jan, a	.5	192	6 8	
ATREX Knigh	1+	June.	71	193	3 9	
622884 <b>DU</b>	The person signing the that he has authority to dit are true. A false certific	s applica	that	all state	ement	OPA s in

(Signature of applicant or authorized agent)

(Last name of head of amily)	Carobine	3	Juliaetta
(Last name of head of family)	(First name)	(Initial)	(City or post office)
(Mail address, number and street, R. F. D., b	Latah		Idatio
		1 7	(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 that name on the first line below.	01	30600
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	e hackey	4	1943 3
2 Patsie ho	418e backey	1	1894 1
3	4		5
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IF MOI	BE SPACE IS NEEDED USE BACK OF CARD		
822913 DU	The person signing this that he has authority to do it are true. A false certific	so and	that all statements in
11110 9	20 0 1.	10	400

(Signature of applicant or authorized agent)

(Last name of Read of family)	Rose (First name)	(Initial)	Tukiac 1	a lice)
(Mail address, number and street, R. F. D., be	oz number, etc.) Latah		Total (State)	60
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	18	0 2 5	- J
Print PIRST NAME, MIDDLE INITIA. TO RECRIVE RAT	L, LAST NAME OF each PERSON TON BOOK	Mont	TH OF BIRTH	Leave
1 Rose A. Long		May	1 1900	8
2 Zada M. Lone	<b>7</b>		ber 192	
3 Leta A Long	COL 100 AND	Man	ch 1930	60
1	DIOT ON CA	97		
622882 DU	The person signing that he has authority to it are true. A false certification	do so and	rnar all statel	nemes in
9 1943	Tool U	0/0	ng	

MACND	JOHN	1	TULIAR	TTA
(Last name of head of family)	(First name)	(Initial)	(City or post of	ffice)
(Mail address, number and street, R. F. D., bo	NEZPER	RCE	I DAH	BY THE WAY
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 t as head of family is eligible	to	3 0 8	
Print first name, middle initial to receive rate		Month Month	OF BIRTH Year	Leave Blank
1 JOHN MAUNI	D	3/1	1883	2
2 LILY . M . M .		12/27	1889	3
3		/		
4				
552143 DU 12 MOI	The person signing that he has authority to it are true. A false cer	this application	nat all stateme	ents in

5/30-43

(Signature of applicant or authorized agent)

McAllister (Last name of head of family)	ELMer	O Suliaette	7
(Mail address, number and street, R. F. D	The same of the sa	Tagho (State)	
application. If person listed above	f birth of each person included in this we as head of family is eligible t at that name on the first line below	001000	ار
TO RECEIVE I		Month Year Leave	
IELMEY O. M		3ep. 1878 2	
2 NANCY P.M	e allione v	aug. 1902 5	
4			
622951 <b>DU</b>	that he has authority to	his application certifies to OPA do so and that all statements in fication is a criminal offense.	
June 1943	VANCY Pearl M	t or authorized agent) 10-33916-1	

MGALLISTER JEAN (Clast name of head of family) (Pirst name)	E J	LIAC ity or post off	TA ice)
FOY 355 (Mail address, number and street, R. F. D., box number, etc.)  (County)	1	DAh	0
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 t receive a book at this address, repeat that name on the first line below	5 6	103	O
Print first name, middle initial, last name of each person to receive ration book	Month C	Year Year	Leave Blank
JEAN E. MEALLISTER	MAY	1923	0
2 RATHERINE L. MEALLISTER	Mak.	1942	/_
3 RALPH E. MEBILISTER	sept	1921	2
4			
The person signing the that he has authority to a it are true. A false certification	is application	at all statem	ents in
Charles 1.43 Mrs Stan 18	1: all	ester	
(Date) (Signature of applicant	or authorized a	gent) 16-3	33916-1

1.

(Last name of hold of family)	Esther (First name)	J I	Line 1	JA-
R#2 Tulia ett	A NE ZPE	rce 1	daha (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 cligible	nis to	O 8	D
Print first name, middle initial to receive rati		Month O	Year Year	Leave Blank
1 Esther J. n	nsAtty	Dec.	1910	.7
	SATTY	Tune	1906	8
	MEATTY	Зев.	1929	9
4 BEVEFLY A.	MEATHY	Get	1931	90
622955 <b>DU</b>	The person signing that he has authority to it are true. A false cert	this application	at all stateme	nts in
P 10 10	Gothob T	M & 1	1++11	

(Signature of applicant or authorized agent)

Mc Call (Last name of head of family)	Mary	st name)	M	Tulidet	
(Mail address, number and street, R. F. D., bo		(County)		(State)	ho
Print below full name and date of bi application. If person listed above receive a book at this address, repeat to	rth of each persons head of fam	on included in this	51	FOT WRITE HEI	9
Print first name, middle initial, to receive ratio		ich Person	Month	Year Year	Leave Blank
1 Mary M. Ma	Call		Mar	1877	1
34					
522854 <b>DU</b> 117 MOR	The p that he it are tro	berson signing this has authority to due. A false certific	s application o so and the cation is a c	at all stateme	ents in

Mary M Me Call

(Senature of applicant or authorized agent) 10-33910-1

McKellips	Melvi	n	L	Ju	liaet	ta
(Last name of head of family)	(I	first name)	(Initial)	(C	ity or post offi	ce)
Box 363		Latah	197	Id	aho	TY II
(Mail address, number and street, R. F. D., be	ox number, etc.)	(County)			(State)	
Print below full name and date of b	irth of each pe	erson included in this	1	DO NO	T WRITE HERE	1
application. If person listed above receive a book at this address, repeat	as head of f	amily is eligible to	41	1/4	146	公司
Print FIRST NAME, MIDDLE INITIA TO RECEIVE RAT		r each person	Mon		Year Year	Leave Blank
, Melvin L. McKel	llips		Jul	y	1915	0
Hazel M. McKell	ips		Sel		1914	6_
Neal P. McKelli	ps	Call The Control	Maı		1933	2
Sharon M. McKel	lips		Dec	3 .	1941	3
622891 DU "MOI	The that h	person signing this has authority to de true. A false certific	s applie o so an	d tha	certifies to	OPA ents in

622891 JUN 3 1943

Melovin L. (Signature of apr

Signature of applicant or authorized agents

	The state of the s		
MILLARI	HERB-	Jai	LIAET
(Last name of head of family)	(First name)	(Initial) (City or	post office)
(Mail address, number and street, R. F. D.	296- LATA	H. JD	AHO,
		. DO NOT WRIT	E HERE
application. If person listed abo	of birth of each person included in the overas head of family is eligible east that name on the first line below the street of the first line below.	to 4274	2 8
	ITIAL, LAST NAME OF each PERSON RATION BOOK	Month Ye	LOUVO 1
IJAMES H.	MILLARD.	APRILAG-1	8954
2 GEORBIA. A.	MILLARD.	JULX10/	885-6
3 Herbe mi	lland		6
4			
IF	MORE SPACE IS NEEDED USE BACK OF CA	ARD	
622926 <b>DU</b>	The person signing that he has authority to it are true. A false cert	this application certifordo so and that all s	tatements in
1,42.7.43	J.H.Mu	elari	2/1
(Date)	(Signature of applican	nt or authorized agent)	16-33916-1
(Date)			

Miller	Charles	W Juliaeti	1
(Last hame of head of family)	(First name)	(Initial) (City or post office)	2 3
R. F. D. #1  Mall address, number and street, R. F. D., be	x number, etc.) Latata	Idaho	
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		y
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Charles W.	Miller	June 1893 9	
26croy O. M	1111er	50 1915 50	
3			
4	which the state of		
IF MOI	E SPACE IS NEEDED USE BACK OF CARD		
623019 <b>DU</b>	The person signing this that he has authority to do it are true. A false certific	s application certifies to OPA o so and that all statements in cation is a crypical offense.	
	portion of	10	

(Data)

(Signature of applicant or authorized agent)

Ne IS O N (Last name of head of family)	CHAS.	(Initial)	Juliae:	t tA
P.O. Box 333 (Mail address, number and street, R. F. D., b	be number, etc.) LAtA	4 H	Idah (State)	0
Print below full name and date of happlication. If person listed above receive a book at this address, repeat	irth of each person include	ne below. 3	3 4 9 8	The second secon
Print first name, middle initia to receive rate	TION BOOK	Mo	nth Year	Leave Blank
1 Chas, T. Nel 2 Ethel G. Ne	SON		N-8 1883	1
3				
622894 <b>DU</b>	The person signature that he has authorit are true. A fa	gning this appliority to do so as	ication certifies nd that all state is a criminal offe	

JUNE 4-1943

(Signature of applicant or authorized agent)

Ne/SON (Last name of head of family)	Cliff	Ford	H	Juliaet	
Box #		Latah (County)		Idah	
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 Year	Leave Blank
			Dec.		5
2 Lura V. Ne	SON		Dec	The state of the s	6
3 Karen E. N	elson		APr	8 1939	7
4 LE MORE SPACE IS NEWDED USE BACK OF CAID					
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.					
O. 12/43 Fura V. Melson					

Nye	ALVIN	4+
(Last none of head of family)	(First name)	Unitial GulAETT
13 o X 3 5 4 (Mail address, number and street, R. F. J., box	LATA	h I d A h o
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 that name on the first line below	S DO NOT WRITE HERE
Print first name, middle initial, TO receive ratio	LAST NAME OF each PERSON	Month   Year Blank
1ALVING.	NKE	JAN. 1908 5
2 ARLEE F	. Nte	OCT. 1914 6
3BOBBE G.	NEC	MATCH 1934 7
Aports M.	Nte	aug. 19359
IF MORE	SPACE IS NEEDED USE BACK OF CAR	D
622906 <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 1 7	Mrs. Urle	e nye
(Date)	(Signature of applicant	or authorized agent) 16-33916-1

O NOT WHITE IN THIS SPACE	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		DATE OF	PBIRTH	Leave
NOT LISTE	O ON OTHER SIDE	Month	Year	Blank
5 Walter M	S. Atty	Sept.	1934	1
6 Cecil M	8 9 11	Tune.	1936	2
	SALLY	Aug.	193 7	3
	& Atty	Sept	1939	4
9 Envice I	MSATTY	March	1943	5
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 LINE	ES ON OTH	ER SIDE I	FIRST
Print first name, middle intifal, last name of each person not listed on other side	Month	Year Year	Leave Blank
MELVIN J. NEC	Des	1940	9
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IF THERE ARE MORE THAN 12 PERSONS COMPLETE AND	THER API	PLICATION	V

FOR PERSONS NOT INCLUDED IN THIS ONE

(Last name of head of family)	MAECI	(Initial) Ja	I I AE	HA
(Mall address, number and street, R. F. D., be	LATA	hI	TdA (State)	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	1111	26	多
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BERT NYE		7Eb	1894	2
BII	The person signing thi		certifies to	OPA
623024	that he has authority to d it are true. A false certific	o so and tha	t all stateme	nts in
Lumo 8 43	Marce,	left	2/	

(Signature of applicant or authorized agent)

Clast name of head of family)	60	N/S Cirst name)	(Initial)	July or	aetta
	head				Market 1
(Mail address, number and street, R. F. D., be	x number, etc.)	(County)		(St	ate)
Print below full name and date of b application. If person listed above receive a book at this address, repeat	irth of each pe as head of f that name on	erson included in the amily is eligible to the first line below	is 10 7. 4 3	2 9 6	4 O
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RAT		r each PERSON	DA Mont	h Yes	AJC WYO
1 600 13 07	Ma	//	Lus	V 18	73 1
2			0	4	
3					
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IF MOI		DED USE BACK OF CA			
622876 <b>DU</b>	The that l	e person signing the has authority to true. A false certi	his applic do so and fication is	ation certifi d that all st a criminal	ies to OPA tatements in offense.
		A			the /

Date 2

LQUES OF Applicant or authorized agent)

PAPINEAU	LEANARI	J. Ju.	LIAETTI
(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.) LATAR	IL	DAHO
		DO NOT WE	THE STEPS
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	11011-	3 N2
Print first name, middle initial		DATE OF BIRT	Done
TO RECEIVE RATI	ON BOOK	Month Y	ear Blank
LEANARDJ.	PAPINEAU.	JULY 2 19	00 6
2 ANNA -	APLINEAU	HUUSU, 14	10 1
3			
4			
1F MOI	RE SPACE IS NEEDED USE BACK OF CARL		
558047 <b>DU</b>	The person signing thi that he has authority to d	o so and that all	statements in
222014/	it are true. A false certifi	cation is a criminal	offense.
000011	Leonard . J.	takis	ulau.
(Date)	(Signature of applicant	or authorized agent)	16-33916-1
(Date)	//	9	

Parker	John	AJ	aliaet	a
(Last name of head of family)	(First name)	(Initial) (	City or post offi	ce)
	ox number, etc.) (County)		Tdah a	2
(Mail address, number and street, R. F. D., be		I DO NO	OT WRITE HERE	
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	41 - 10	199	No.
Print first name, middle initiato receive rat		Month C	Year Year	Leave Blank
1 John A P	arker	Jan	1875	-9
2				
3				
1				
622812 DU	The person signing the that he has authority to it are true. A false certification of applicant (Signature of applicant)	is application to so and the cation is a co	iminal offens	ents in
(Date)				

PARKS	CHARLES	H	Tuli	ett
(Last name of head of family)	(First name)	(Initial)	(City or post of	ffice)
	Nezpe	rce		50
(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 SI	102	D'
Print first name, middle initial to receive ration		Month Month	OF BIRTH Year	Leave Blank
1 CHATLES H.	PARITS	MAY	1909	0
	PARKS	He 6	1914	
3 Betty J. PA	RKS	hov	1932	6
		JULY	1934	3
623002 <b>DU</b>	The person signing that he has authority to it are true. A false certification of the control of the certification	his application	hat all stateme	ents in

June 1, 1943

(Signature of applicant or authorized agent)

PANIS (Last name of head of family)	HU9/	P	Julia	etta
(Mail address, number and street, R. F. I	FD#2 NEZ Pe	RCe	(City or post	70
application. If person listed abo	of birth of each person included in ove as head of family is eligible teat that name on the first line be	e to	5 2 2	Day
	HITIAL, LAST NAME OF each PERSON RATION BOOK	Month DATE	OF BIRTH Year	Leave Blank
1 KALHERINA	I. PANES	Sept	1903	1
2 BUARD W	PANS	MARCE	1929	2
3 Froh A	PANIS	Dec.	1930	3
4 HV9H R	PANIS	april	1901	4
622999 <b>DU</b>	The person signing that he has authority it are true. A false of	this application to do so and the	hat all stateme	nts in
June 2/943	Hugh O	C Ja	i agent) 16—	53916-1

Parker (Last name of head of family)	Irene	B	Suliaetta
R. 2. D # 2. (Mail address, number and street, R.	Nez	Perce (County)	The ho
Print below full name and di application. If person listed receive a book at this address,	ate of birth of each person inclusions above as head of family is repeat that name on the first	eligible to	6034
	E INITIAL, LAST NAME OF each PER	son D	ATE OF BIRTH   Leave
Irene B.	Parker Parker	Sex	
3			
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622969 <b>DU</b>	that he has and	signing this appli-	cation certifies to OPA d that all statements in s a criminal offense.
Jane 7, 1943 .	Mrs Trem	e B. P.	le nke n ized agent) 16-33016-1

## ELER (Last name of head of family) (First name (Initial) (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 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 TO RECEIVE RATION BOOK Month Year Blank DALAIDE DEFLER-JA 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)

Perkins	Bonne	Im.	9.01	
(Last name of head of family)	(First name)	(Initial)	City or post	office)
Box 332	Latal		22	ala
(Mail address, number and street, R. l	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.	111	248 C	em C
	INITIAL, LAST NAME OF each PERSON	Spiral in the Control of the Control	OF BIRTH	Leave
		Month	Year	Blank
muchaeld.	Perkin	mays	1945	
2	•••••••••••			
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323198 <b>DX</b>	The person signing this that he has authority to dit are true. A false certification of the person signing this that he has authority to dit are true. A false certification of the person of the pers	s application of so and the cation is a second response of the cation response of the cation is a second response of the cation response of	riat all statemeriminal offens	ents in se.
management and the same same same same same same same sam	(Signature of applicant	or authorized	agenty 16-	33916-1

(Date)

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

Print first name, middle initial, last name of each pers	ON DATE OF		ave
NOT LIETED ON OTHER SIDE	Month	Year Bla	ink
5 LAVET n. P. PARKS	April	1941 4	
6			
7			
88			
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IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION FOR PERSONS NOT INCLUDED IN THIS ONE

PETERS	Joh		DJ	uLiAE	<del>tt</del> A
(Last name of head of family)	(I	First name)	(Initial) (	City or post off	fice)
BOX 243		LATAh (County)	J	DA.	
(Mail address, number and street, R. F. D.,	CHEST COME TO VISIT THE PARTY.		DO N	OT WRITE HER	В -
Print below full name and date of application. If person listed above receive a book at this address, reper	e as head of f	amily is eligible to	13 36	15-0	Z
Print FIRST NAME, MIDDLE INIT		r each PERSON	Month	Year Year	Leave
		4500	Month		/
1 John DE	E PE	LERS	00	1900	6
2 BULAH VIRT	A PET	ERS	may	1908	6
	PET		ang	1925	8
4Jommy max			May	1927	9
117 24	ORE SPACE IS NEE	DED USE BACK OF CARE	0		074
822893 DU	that h	person signing this te has authority to di true. A false certific	o so and th	at all statem	ents in
6 - 3 - 43	1	ppet	us		
(Date)		Signature of applicant o	r authorized	igent) 16—3	33916-1

Porter	Dennis			Juliae	tta
(Last name of head of family)	(F	irst name)	(Initial)	(City or post of	fice)
		Latah		Idaho	100
(Mail address, number and street, R. F. D., bo	x number, etc.)	(County)		(State)	- 1
Print below full name and date of bi application. If person listed above receive a book at this address, repeat	as head of fr	amily is eligible to	0 4	4 0 5	0
Print first name, middle initial to receive rati		each PERSON	Month	Year Year	Leave / Blank
1 Dennis Porter			Marc		6
2 Hulda M. Porter			July	24 I883	4-
3					
022918 <b>DU</b> 117 MOR	The	person signing this e has authority to detrue. A false certific	applica so and	that all stateme a criminal offens	OPA ents in

(Date)

(Signature of applicant or authorized agent)

PRATER' LIZZIE	(Initial)	TULIA	ET	TA
(Last name of head of family) (First name)	(Initial)	(City or post	office)	
LATA	t =	TOAH	0	
(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.		O 7 5		
Print first name, middle initial, last name of each person to receive ration book	Month	Year Year	Leave Blank	Dy
1 LIZZIE M. PRATER	MAY	1886	9	
2 MARY L. PRATER	OCTO	1926	40	
3				
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IF MORE SPACE IS NEEDED USE BACK OF CARD				
The person signing the that he has authority to dit are true. A false certification	s application is a cation is a	on certifies to nat all statem criminal offen	o OPA ents in se.	

LIZZIE M PRATER.
(Signature of applicant or authorized agent)

PRATER	hizzie	M	tuhi	ALTIA	
(Last name of head of family)	(First name)	(Initial)	(City or p	ost office)	
	LATAN (County)		Jak	ako.	
(Mail address, number and street, R. F. D., b	ox humber, decry	. 1	DO NOT WRITE	e HERE	
Print below full name and date of happlication. 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 belo	w. 9	359	4	
Paint WINGT NAME, MIDDLE INITIA	L, LAST NAME OF each PERSON	Mor	ath I Ye		
TO RECEIVE RAT	TON BOOK			11 -0	
1 EUGENE S.	PRATER	Tul	Y 19	2400	u
2					
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IF MO	The person signing		cation certi	fies to OPA	
560729 <b>DU</b>	that he has authority to it are true. A false cer	do so ar	nd that all	statements in offense.	
300143		-	10 n 1	+0 R	,

NOV 26 1943 EUGENE S. PATELLE

P	LEVON	7	-	STATE OF THE PARTY
IRIDEAUX		1	JULIAL	ETTA
(Last name of head of family)	(First name)	(Initial)	(City or post o	ffice)
(Mail address, number and street, R. F. D., b	oz number, etc.) LATAH		TPAL	10
(Mail address, number and street, R. F. D., be	ox number, etc./  (County)	1 2	O NOT WRITE HEE	1 100
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.		6555 CV	
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RAT		Month	Year	Leave Blank
1 MARGARET C	GAIL PRIDEAUX		1944	
x2 N 45				
10B				
A TE MOI	RE SPACE IS NEEDED USE BACK OF CAR			127
158332 DX	The person signing thi that he has authority to dit are true, A false certification	s applica	ation certifies to that all statem a criminal offen	o OPA ents in
	Mrs. L. D. C	Tu	deaux	/
(Date)	(Signature of applicant	or authori	zed agent) 16—	-33916-1

Red Elh P	11		
(Last name of head of family) (First name)		Trules	utt
R.7 D. No 2. Ina E.	(Initial)	City or post	office)
(Mail address, number and street R F D bar	re.	Ida	elen
Print below full name and data of hint of	1 DO 1	(State)	
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 11	VITIT	1
Print first name, middle initial, last name of each person	101010	1318	1
TO RECEIVE RATION BOOK	Month (	Year Year	Leave
1 Rosa Red Elle.	8	93	4
2 Cy Red Elke.	10	0.7	-5
3 Jondo Waters	pud .	1911	
4		4-1-6-4	10-
IF MORE SPACE IS NEEDED USE EACH OF CARD			
The person signing this	application	certifies to	OPA
that he has authority to do it are true. A false certific	so and the	it all ctatama	mbe in
0 = 70 0	1 2 0	1-	
mes/43 / losa les	106	M,	

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

RICE	GEORGE (Birst name)	H J	12/A	ETTA
(Last name of head of family)	LATAI	4 T.	DA F	10
(Mail address, number and street, R. F. D., be 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		WRITE HERE	D
Print FIRST NAME, MIDDLE INITIA TO RECEIVE RAT	L, LAST NAME OF each PERSON	Month	Year 1904	Leave Blank
2 MINNIE E.	RICE	OCT27 JEB22	1910	1
MERILYNE. R	ICE	JAN I	1938	3
622856 DU	The person signing the that he has authority to it are true. A false certification	do so and tha		
	Mr a Minni	0 6.1	uce	2

June 4

(Signature of applicant or authorized agent)

Richardson	Pearl	A	Julias	TId.
(Last name of head of family)	(First name)	(Initial)	(City or post o	ffice)
	Latah		Idd	40
(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 bead of family is cligible to		770	Do
Print first name, middle initiato receive rat	L, LAST NAME OF each PERSON ION BOOK	Month	re of Birth	Leave (Blank
, Pearl Ann	Richardson	300	1901	4
, Fihel Alice	Richardson	ma	1905	5
, Plande C.	Richardsen	Moz	1. 19.08	
a Claude C.	Richardson	1.0	Vel-1-Re-R	
622870 <b>DU</b>	The person signing the that he has authority to dit are true. A false certification	s applica	ation certifies to	
0 7	tear fine	or authori	zed agent)	00016-1

Pichardson Pearl (Cast name of head of family)  (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.	
Print first name, middle initial, last name of each person to receive ration book	Month   Year Blank
1 GLY Le C Pichardson 2 3	
IF MORE SPACE IS NEEDED USE BACK OF CARD	
	s application certifies to OPA o so and that all statements in cation is a criminal offense,
0. 14, 21 1943 Pearl Richa	rdson
(Date) (Signature of applicant	or authorized agent) 16-33916-1

USE LINES BELOW FOR ADDITIONAL NAMES, FILL ALL LINE	ES ON OTH	ER SIDE	FIRST
Print first name, middle initial, last name of each person not listed on other side	Month	F BERTH Year	Leave Blank
minnie Low PETERS	gala	1929	10
G JRANK IE MURZ PETERS	april	1933	1
7	V		
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THE THERE ARE MORE THAN 10 DERCOME COMMENTED AND	CONTRACTO A TO	TATACATTO	NT

I 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 ALLLIN	ES ON OTH	ER SIDE	FIRST
Print first name, middle initial, last name of each person not listed on other side	Month	Year Year	Leave Blank
MACIL ROSE RICE	Novia	1941	4
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DO NOT WRITE IN THIS SPACE

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

Richardson Paul (Piet name)	W (Initial)	JUL	iac	tta
R#1 LATAH	+ 1	ID	At	10
(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.		NOT WI	4	D,
Print first name, middle initial, last name of each person to receive ration book	Month	n of bir	Year	Leave Blank
Paul W. Richardson	Fe	B-190	22	6
2				
3				
4				
The person signing this that he has authority to did it are true. A false certific	applica	that all	stateme	ents in
(Date)	authoriz	ed agent)	16—	33916-1

R	icHARDSON RALPH E JULIAFIT.
16	(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   DAHO (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. 19492
	Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON DATE OF BIRTH Leave Blank
	, RALPH E. RICHARDSON 11-13 1887 0
	2 OlivETE RICHARDSON 2-14/9111
	3 MAXINE E. RICHARDSON 2-22 1930 2
	4 CONNIE J. RICHARDSON4-41936 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.
	D 0/1 & D 10/1
	June 2 Kalh (Signature of applicant or authorized agent) 16-22016-1
0	(Date) (Signature of applicant or authorized agency 16-33916-1

RICHARDSON PALPTA (Last name of head of family)	(Initial)	Scity or post of	atta (fice)
(Mail address, number and street, R. F. D., box number, etc.) Jolah (County)		Idal (State)	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.	93	NOT WRITE HER	B D
Print first name, middle initial, last name of each person to receive ration book	Month	Year Year	Leave 2
1 Clear Richardson	8	7	4
2 3 4 Beith ''			
The person signing this that he has authority to do it are true. A false certific	applica	that all stateme	ents in

(Signaturo 61 applicant or authorized agent) 16-330 (Date)

Richie (Lest name of head of family)	Ferdinant		Tuliae		
30x 77 Julia etta (Mail address, number and street, R. F. D., box	number, etc.) Latah	I.	daho (State)		
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	111	686	4	6
Print first name, middle initial, to receive ratio		Month	Year Year	Leave Blank	)
1 Ferdinant	Pichie	June	1861	6	
2 Margaret	Richie	May		7	
3					
4					
622935 <b>DU</b> 15 MO21	The person signing this that he has authority to dit are true. A false certification	s application	at all statem	ents in	

JUNE: 5.1943

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

Robbins (Last name of head of family)	Jenny (First name)	(Initial)	Juliaetta (City or post office)
(Mail address, number and street, R. F. D., b	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	irth of each person included in th	0 1 1	O NOT WRITE HERE
Print first name, middle initiato receive rat	L, LAST NAME OF each PERSON ION BOOK	Mont	th Year Blank
1 Jenny OR	066175	00	t 18694
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4	RE SPACE IS NEEDED USE BACK OF CA	RD	ation certifies to OPA
622850 <b>DU</b>	The person signing that he has authority to it are true. A false certi	do so and fication is	I that all statements in a criminal offense.

(Signature of applicant or authorized agent)

(Last name of head of family)	OPA (First name)	D Ju	LIACTI
(Mail address, number and street, RIF D.,	BOX321 LATAb	IDI	4ho
Print below full name and date of	birth of each person included in this		B HERB
TO RECEIVE R		Month Ye	Leave Blank
1 ORA. D. RO	perick	Dec!18	03 6
millie. 1. Pa	perick	Au 231/8	117
	perick	March 19	31 8
4 VERLA. M. K	ODERICK	MONDIA	14 9
622881 <b>DU</b>	The person signing the that he has authority to cit are true. A false certification	is application certi	statements in
Gerno 3 1942	Ora. D. Ro	eleric	B
(Date)	(Signature of applicant	or authorized agent)	16-33916-1

A

Jampson	Harry	IMI	Julian	. 11
(Last name of head of family)	(First nabe)	(Initial)	(City or post	-110
Route 2. (Mail address, number and street, R. F. D., box n	number, etc.) Nex Pe	1	Idal (State)	Carried St.
Print below full name and date of birth application. If person listed above as receive a book at this address, repeat the	head of family is eligible to at name on the first line below		4 4 6	10
Print first name, middle initial, L TO receive ration	AST NAME OF each PERSON BOOK	Month	OF BIHTH Year	Leave Blank
1 Harry M. Samp	son	Dec.	1891	0
2 Selma J. Samps	on	Aug.	1889	1
3 Norma M. Samp	son	Sept.	1927	2
4 Rachel G. Wilse	ц	Now	1916	3.
IF MORE S	SPACE IS NEEDED USE BACK OF CAR	D		
711392 DU	The person signing the that he has authority to it are true. A false certification	do so and th	at all stateme	ents in

June 1, 1943 Mrs. Selma Sampso
(Date) (Signature of applicant or authorized agent) 10-33916-1

JAMS Chet.	A.	J	Tuli	4etta
(Last name of head of family) (First name)	(Initial)		ity or post off	
Nespe	rs	1	-dA	40
(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.	36	) I	02	Yall
Print first name, middle initial, last name of each ferson to receive ration book	Mon		Year Year	Leave Blank
Shester A. SAMS	00	1	1898	5
2 ROMONA SAMS	no	V.	1911	6
3 Jureda SAMS	au	9-	1930	7
AARMSTHA SAMS	SE	pt.	1933	
15 MORE SPACE IS NEEDED USE BACK OF CARD The person signing this that he has authority to do it are true, A false certific that the has a true true, A false certific that the has a true true that the has a true true true true true true true that the has a true true true true true true true true	s application is	d tha	iminal offens	ents in
(Date)			10	

Schetzle Deorge (Gast name offend of family) (Girst Apme)	W	Julia	etta	
2. Legato	Rinitial	I dol	effice)	
(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	III.	du
Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK  1 Shill Mary W.	Month	OF BIRTH Year	Leave Blank	1
2 Scherle Bay Le.			4	
4				
The person signing this that he has authority to dit are true. A false certific	o so and t	that all statem	nents in	

(Signature of applicant or authorized agent)

Schupfer (Last name of head of family)		ttO	(Initial)	Julia (City or post	
(Mail address, number and street, R. F. D., bo	number, etc.)	Latah (County)		Idaho (State)	
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 per as head of fa hat name on	son included in this mily is eligible to the first line below.	0 5	OT WRITE HER	D
Print first name, and delegate ratio	LAST NAME OF	each PERSON	Month C	Year Year	Leave Blank
1 Otto Schupfer			May	1891	0
2 Elizabeth J. Sc			Oct	1898	1
3 Maribel M. Schu	pfer		Aug	1925	2
4					

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 face certification is a criminal offense.

June 10-40

697790 DU

(Signature of applicant or authorized agent)

RoberTS MeLVIN		ullaet	
· (Last name of head of family) (First name)	(Initial) (C	City or post off	ice)
Route 2  (Mail address, number and street, R. F. D., box number, etc.)  (County)	rce	[dah	0
Print below full name and date of birth of each person included in this	DO NO	T WRITE HERI	a .
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 1 0	771	
Print first name, middle initial, last name of each person to receive ration book	Month	Year Year	Leave Blank
1 MCLVIN P. RoberTS	April	1913	5
2 GLAdys M. RoberTS	Dec.	1923	6
	Oct.	1940	
4			
IF MORE SPACE IS NEEDED USE BACK OF CARD			
The person signing this that he has authority to do it are true. A false certific	application	t all stateme	ents in
me 1/1943 Aladin H	ope	rts	,
(Signature of applicant or	authorized a	gent) 16—3	3916-1

			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
USE LINES BELOW FOR ADDI	TIONAL NAMES. FILL AL	L LINES ON OTH	ER SIDE	FIRST
Print PIRST NAME, MIDDLE IN	ITTIAL, LAST NAME OF each PERSON		f birth	Leave
	O ON OTHER SIDE	Month	Year	Blank
5 Barbara G. 1	Wilsey	Oct.	1942	4
6 Ada Lou Gross	eclose	Sept	1921	13
7	~			
8				
9				
10				
11				

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

DO NOT WRITE IN THIS SPACE			
USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LIN	Continue was a survival of the last	The second secon	-
Print first name, middle initial, last name of each person not lasted on other side	Month	r smrg Year	Leave Blank
s A PettA SAMS	Oct.	1937	9
6 HAY SANS	QAN	1937	30
7			

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

Scott	Bruce (First name)	H. (Initial)	ulia el	ta
(Mail address, number and street, R. F. D., b	x number, etc.) Latah	I	daho	700
Print below full name and date of bi application. If person listed above receive a book at this address, repent	irth of each person included in this	10/0/1	4 9 9	E V
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATE		Month C	Year Year	Leave Blank
1 Bruce A. Scott		May	1920	4
2 Mrs. Bruce A.	Scott	Aug.	1920.	2
3				
4				
622853 DU 15 MOR	The person signing this that he has authority to dit are true. A false certific			OPA ents in

Mrs. Bruce a. Acad.
(Signature of applicant or authorized agent) 16—3:

Scorr	PEARL	4		FIZA	
(Last name of head of family)	(First name)	(Initial)	(City or post of	ffice)	
P. O. B. S. 223 (Mail address, number and street, R. F. D., be		2	State)	70	
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	22	498	T O	
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATI		Month	TE OF BIRTH	Leave Blank	
1 Pearl Ludia chevelt		au	9 1885	4	
2 John &	Scott.	app	El 1910	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.					

formely (Date)

(Signature of applicant or authorized agent) 10

Shephera Harvie	0	duliac	- The a
(Last name of head of family) (First name)	(Initial)	(City or post	
(Mail address, number and street, R. F. D., box number, etc.)  (County)	h	Ida)	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.	1011	4 0 6	III I
Print first name, middle initial, last name of each person to receive ration book	Month	OF BIRTH	Leave Blank
1 Harvie J. Shepherd 2 IRcne N. Shepherd	July	1912	D
3	rojeci	GWL.7.1.0	
4			
622929 DU  IF MORE SPACE IS NEEDED USE BACK OF CARD The person signing this that he has authority to do it are true. A false certification of the person signing the second of the person signing this person signing this person signing the person signing this person signing the person signing this person significant si	so and ation is a	that all stateme criminal offens	ents in
(Date) (Signature of applicant of	or authorize	16-	33916-1

×	SHERMAN (Last name of head of family)  (Mail address, number and street, R. F. D., b	LaIaH	V. (Initial)	(Cit	1/19e y or post offi da. (State)	tte
	Print below full name and date of b application. If person listed above receive a book at this address, repeat	oirth of each person included in this as head of family is eligible to	19 18	DO NOT	WRITE HERI	
	Print FIRST NAME, MIDDLE INITIA TO RECEIVE RAT	TION BOOK	Mon		Year	Leave Blank
X	1 Jack Sherm	an	De	c	1943	
	4	OF CARDED HAVE BACK OF CARDED				
t	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.					
	3/25/44 A	(Signature of applicant o	r authori	zed age	nt) 16—3	3916-1

Shores	Ch	dina		Luli	etto
(Last name of head of family		First name)	(Initial)	(City or post o	ffice)
Juliadress, number and street, R.		LaTa	4	Idah	0
Print below full name and di application. If person listed receive a book at this address,	ate of birth of each p	erson included in this family is eligible to	111	685	
Print FIRST NAME, MIDDLE		or each PERSON		OF BIRTH	Leave
	NOOE NOITAR EVI		Month	Year	Blank
1 Mrs CLY	dima -	hores	5-26	1885	8
2 John Sv.	50000	05	10-19	1927	9
3					
4					
623046 <b>DU</b>	Th that	e person signing the has authority to ce true. A false certification	is application to so and t	hat all statem	ents in
June 6 19473	- Cl	Laignature of applicant	or authorized	kor ragent) 16-	-83916-1

SHerman	Bruce	V. Ju	iliaett
(Last name of head of family)  F & No		Harital) (Ci	Ida.
Mail address, number and street, R. F. D., be 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		(State) WRITE HERE
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATE	ION BOOK	Month	Year Blank
(mFay S	SHerman	OCT.	1917 8
4			
622947 <b>DU</b> 117 MOI	The person signing the that he has authority to dit are true. A false certification	is application of	all statements in
6-5-43	Fay She	or authorized age	ent) 16—33916-1

Shore Tanne of head of family is siret name.	4 E	(Initial) Je	uliae	TIA
Juliacitas, number and street, R. F. D., b. (do.)	7 TAT	I	dAho (State)	2
Print below full name and date of but of each person included application. If person listed above the head of family is receive a book at this address, repeating name on the first	engine to t	390	7 WRITE HERE	
Print First Name, middle initial, last name of each print to receive ration book	RSON	Month	Year Year	Leave
1 IRE Shore		ung.	411-23	
3				
809930 DU NORR SPACE IS NEEDED USE The person that he has at it are true. A	signing this			
Jane 14 1943 (Signature	of applicant or	authorized a	gent) 16—3	3916-1

Shutt	Sames	M	Jul	eact	太
(Last name of head of family)	(First name)	(Initial)	(City or p	ont off	
By 445			ad.	out direct	
(Mail address, number and street, R. F. D., be	ox number, etc.) (County)		(Sta	ito)	
Print below full name and date of bi	irth of each person included in this	Do	NOT WRITE	HERE	
application. If person listed above receive a book at this address, repeat	as head of family is eligible to	111 -	24	2	D
Print first name, middle initial		president and address of the last	D OF BIRTH	Leave	
TO MEDELVE RATI		Month	Year	Blank	
JAWES.W.S.	HUtt,	JAN	2134 18	68 7	
2					
3					
)					
4					
II' MOE	E SPACE IS NEEDED USE BACK OF CARD				
622930 <b>DU</b>	The person signing this that he has authority to dit are true. A false certific	s applica o so and cation is a	tion certifie that all sta a criminal o	es to OPA atements in offense.	

------(Date)

(Signature of applicant or authorized agent)

SLEAD	Mrs. AWRENCE	= w	Juli	90++		
(Last name of head of family)	(First name)	(Initial)	(City or post	office)		
Route I	I4A	HO.				
(Mail address, number and street, R. F. D., bo		1 00	NOT WRITE HEE	173		
Print below full name and date of bi application. If person listed above receive a book at this address, repeat						
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATI	L, LAST NAME OF each PERSON	Month	OF BIRTH	Leave Blank		
Mrs. LAWKENEE		945	380			
2 Wiohet MA	arie sceap	monek s	771944			
Q)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.  (Signature of applicant or authorized agent)  (Signature of applicant or authorized agent)  (Signature of applicant or authorized agent)						

HEPHERD	MARVIE	5	JOSIAET	TA
(Last name of head of family)	(First name)	(Initial)	(City or post	office)
Mail address, thunber and street, R. F. D., be	NATAH (Counts		TOAH (State)	
		1 1	O NOT WRITE HE	RE
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	this	863	
Print first name, middle initial, last name of each person to receive ration book		Mont	TH OF BIRTH	Leave Blank
1 POUCHAS W.	SHEPHERD	AOG.	2 1943	201
2				
3				
4				
560337 <b>DU</b>	The person signing that he has authority it are true. A false ce	this applic	i that all stater	nents in
8-21-43	Jame &	hych	est	
(Date)	(Signature of applie	apt or author	ized agent) 16-	-33916-1

SLead	LAWFENCE	W.		liAe	++
(Last name of head of family)	(First name)	(Initial)	(City o	r post offic	ce)
Route I LATAH I JAHO  (Mail address, number and street, R. F. D., box number, etc.) (County)					
Print below full name and date of h	wirth of each person included in this	1	DO NOT WE	LITE HERE	0
application. If person listed above receive a book at this address, repeat	as head of family is eligible to		749	12	4
Print first name, middle initia to receive rat	L, LAST NAME OF each PERSON TION BOOK	Mor	th		Leave Blank
1 LAWRENCE	W. SLead	Dec	em Ber	1913	2
¿ EVA L.	SLead	JANI	Ary 1	923	3
3 LARRY R.	SLead	Jul	y/ 19	942	4
4			/		
IF MO:	RE SPACE IS NEEDED USE BACK OF CAR	D			
623040 <b>DU</b>	The person signing the that he has authority to dit are true. A false certification	o so an	d that all	stateme	nts in
June 7-1943 L	AWTENCE W.		Le	ad	
(Date)	(Signature of applicant	or author	ized agent)	16-33	3916-1

Slickpoo	Dorvid	40	IULIA	ETT
(Last name of head of family)	(First name)	(Initial)	(City or post of	ffice)
Mail address, number and street, R. F. D., b	ox number, etc.) Ne z. Pey	ce	1dah	0
Dring halow full name and date of h	isth of each person included in this	DO	NOT WRITE HER	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 that name on the first line below.	24	089	9
Print first name, middle initia to receive rat		Month	OF BIRTH Year	Leave Blank
1 David L. Slic	K poo	Lan-	1904	1
2 Janet Peterson	Slickpoo	June	1907	2
3 Morris Slickpe	00	June	1938	3
4				
622952 <b>DU</b>	The person signing thi that he has authority to dit are true. A false certification	s application so and t	hat all stateme	ents in
chapter	Land, J. Als	ikp	do.	
(Date)	(Signature of applicant	or authorized	l agent) 16—	33916-1

County Co
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
1 BI d. J. SMITH may 1904 6
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 authorised agent) 16—33916—1

Smith	Harry	* ]	ulia	·
(Last name of head of family)	(First name)	(Initial) (	City or post off	
R. 7. D. #2 (Mail address, number and street, R. F. D., b	ox number, etc.) Ne 2 Fe	ece_	Ida (State)	60
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	SIL	1 7 0	
Print first name, middle initia to receive rat		Month C	Year Year	Leave Blank
Harry K.	mith	Apr	1891	6
2 Margaret S	Smith	July	1897	7
3 Edwin Sm	ith	Mar	1926	8
1 Louise J. S	mith	Feb	1932	- 9
	The person signing the that he has authority to cit are true. A false certification of the false certi	is application do so and the cation is a co	at all statem	ents in
(Date)			10	

Omith (Last name of head of family)	Lucind F		Tuliaetta	7
Box 347	x number, etc.)	tan =	Ed Aho	
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 elis	rible to	or WRITE HERB	)
Print first name, middle initial to receive rati		Month	Year Blank	4
1 Lucind # P.	Smith	+	1866 2	'
2 William H.	Smith	6	18613	
3				
4				
622927 <b>DU</b>	that he has author		n certifies to OPA at all statements in riminal offense.	

(Date)

7 3-1943 Lucinda F. Smit

Shyder  (Las Jame of head of family)	Frank (First name)	(Initial)	Juliaete
(Mail address, number and street, R. F. D., box	to date;	h	(City or post office)
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 that name on the first line below	. 340	7 5 P
Print FIRST NAME, MIDDLE INITIAL, TO RECEIVE HATIC	ON BOOK	Month & C	Year Leave Blank
2 Charles Sh	Yder	July	18732
4	E SPACE IS NEEDED USE BACK OF CA		
622934 <b>DU</b>	The person signing the that he has authority to it are true. A false certi	nis application do so and tha	t all statements in

(Date)

(Signature of applicant or authorized agent)

5 P R A J	FRANK.	J (Initial)	ULLIA ity or post offi	4ETTA
(Mail address, number and street, R. F. D., b	oz number, etc.) TATA	f   J	DA F	) 6
Print below full name and date of happlication. If person listed above receive a book at this address, repeat	orth of each person included in this	0 1	O 5	NA
Print PIRST NAME, MIDDLE INITIA TO RECEIVE RAT	LL, LAST NAME OF each PERSON FION BOOK	Month O	Year	Leave Blank
1 FRANKI	SPRAY	may 6	1873	3
3				
622944 <b>DU</b>	The person signing the that he has authority to cit are true. A false certific	lo en and the		
5	PRAYF	RA	N IX	20018-1

Steen Sha (Last name of head of family)	Telly	(Initial)	Juliant (City or post of	to		
R.F. D. 2 (Mail address, number and street, R. F. D., box	x number, etc.) Nez pe	rce	Idah (State)			
Print below full name and date of bis application. If person listed above a receive a book at this address, repeat t			NOT WRITE HER			
Print First Name, MIDDLE INITIAL, TO RECEIVE RATIO	, LAST NAME OF each PERSON ON BOOK	Month	Year Year	Leave Blank		
1 Jelly St.	eensma	Apri	1 1857	9		
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.						
6/3/43 9.	Lly dte	cant or authorize	d amount)	3916-1		

STEIGERS	ERNEST	IA.IJ	TULIA.	ETTA
(Last name of head of family)	(First name)	(Initial)	(City or post	office)
ROUTE 2	NEZ PER		IDA	
(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	000	1 45	D
Print first name, middle initial to receive rati	o, LAST NAME OF each PERSON ON BOOK	Month O	F BIRTH Year	Leave Blank
IERNEST, A. ST	EIGERS	QGT.	1902	7
2 NELLIE M. S	TEIGERS	MAY	1905	8
3 WILLIAM D. S	TEIGERS	AUG.	1926	9
4 KATHLEEN D.	STEIGERS	MAY	1928	60
622988 <b>DU</b>	The person signing the that he has authority to it are true. A false certification	is application	it all stateme	ents in
	6/ 1/1 V	10	AL LAND	

(Date)

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

			*****
USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LIN	ES ON OTH	ER SIDE	FIRST
Print first name, middle initial, last name of each person not listed on other side	DATE O	F BIRTH	Leave
shois J. Smith	Month Fe b	Year 1932	10
Peter Wagner	Oct.	1887	1
7 Steady Fired hand		11. 2. 2. 19	
8 Since-1931-			
9			
10			
11	*******		
12		*************	
IF THERE ARE MORE THAN 12 PERSONS, COMPLETE AN	OTHER AP	PLICATIO	N

DO MOT MATTER HALL THIS DEWER

FOR PERSONS NOT INCLUDED IN THIS ONE

DO NOT WATE IN THIS SPACE			
		**********	
AND THE RESIDENCE OF THE PROPERTY OF THE PROPE			
USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINI	s 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
SKENNETH J. STEIGERS	FEB.	1933	6
6 KEITH R. STEIGERS	FEB.	1733	2
FRNEST DAVID STEIGERS	DEC.	1935	3
8 ALMEDA E. DEANE	JULY	1878	J.
9			
10			

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

## reigers (First name) (Last name of head of family) (Initial) (City or post office) (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 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 TO RECEIVE RATION BOOK Month Vene Blank IF MORE SPACE IS NEEDED USE BACK OF CARD The person signing this application certifies to OPA 62298 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 (Date)

## (Initial) (City or post office) (County) (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 Loave Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON Blank TO RECEIVE RATION BOOK Month 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 of authorized agent)

(Date)

St	(Last name of head of family)	Glen	First name)	S (Initial)	Juliae	
R.F.D. #2  (Mail address, number and street, R.F.D., box number, etc.)  (County) (State)					200	
P	rint below full name and date of bir lication. If person listed above a give a book at this address, repeat t	th of each pe	rson included in this	-	289	D
	Print first NAME, MIDDLE INITIAL,		each PERSON	Month	Year Year	Leave Blank
1	Glen S. Stevens	S		Aug.	1903	5
2	Marion M. Steve	ens		Oct.	1913	6
3	Erma E. Stevens	S		July	1917	7
4	Crystal F. Ste	vens		May	1942	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.						
6	(Data)		(Signature of appregnt	or authoriz	16-	-33916-1

16-33916-1

(Date)

STUART	ELMER.	O. Juli	AFTI
(Last name of head of family)	(First name)	(Initial) (City or post	
	LATA	HIDA	HO
(Mail address, number and street, R. F. D., box	x number, etc.) (County)	(State	The same of the sa
Print below full name and date of bis application. If person listed above receive a book at this address, repeat	as head of family is eligible to	0 0 9 1 0	2 2
Print first name, middle initial to receive ratio		Month Year	Leave Blank
ERMAJEA	N STUART		90
2 ELVA MA	E STUART	JAN 193	1 /
3 MOREMAR	AE STUART	MAY 193	13
4 NORA	STUART	CONTRACTOR DESIGNATION OF PERSONS ASSESSED.	63
622862 DU	The person signing the that he has authority to it are true. A false certification	is application certifies	tements in
(Date)	(Signature of applicant	or authorized agent) 1	6-33916-1

Swan horst (Last name of head of family)	Leona (First name)	H g	uLiae	ATTA
Route T (Mail address, number and street, R. F. D., be	ox number, etc.) La Ta	4 1	dah	-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 th as head of family is eligible t that name on the first line below	15 0 1/1	3 9	100
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2 Barby A. S.	WANKONST	May	1939	6
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622878 <b>DU</b>	The person signing that he has authority to it are true. A false certification of the second	his application	t all stateme	ents in

(Signature of applicant or authorized agent)

TABER SAMUELS MI IAF
(Last name of head of family) (First name) (Initial) (City or nest off)
RFD (Gity or post office)  (Mail address, number and street, R. F. D., box number, etc.)  (County)  (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 To receive ration book Month Year Blank
1 SAMUEL. S. TABER OCT 1866 6
2 REX S. TABER JAM/9277
3
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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.
Jame 2 de Samuel S, Jaber  (Signature of applicant or authorized agent) 10-33016-1
16-33016-1

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(Last Ame of head of family)  (Mil address, number and street, R.	9	(First name)  Latan  (County)	(Initial)	Ma (State)	(e)
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magarx	Carlinge		bet,	1916	6
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and and the second of the second of the second	221	(Signature of applicant)	lor	/	

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R.F. DI Box II	hatah	(Initial)	daho	fice)
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3 Charles to Paylor		1199	1722	5
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la Vlor Robert (Last name of head of family) Robert	C	Jeals City or post	àc!
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2 Nellie M TayLor	7	29	3-
3			
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The person signing this that he has authority to do it are true. A false certific	so and t	hat all stateme	ents in

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

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, Robert & Stelbers	2	34	9
6		/	M
7			N. A.S.

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

Atmson	Grace	as	ulia	itt
(Last name of head of family)	(First name)	(Initial)	(City or post	office)
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(Signature of applicant or authorized agent) (Date)

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

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(Last name of head of family)   (First main	ne) I(Initial) (City or post omce)
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(Date)

(Signature of applicant or authorized agent) 16-3

		2017				
	TROMBETTA	Jo	HN.		JULIA	ETT
	(Last name of head of family)	(1	First name)	(Initial)	(City or post of	ffice)
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	924127 DW	that I	person signing this ne has authority to do true. A false certific	so and	that all statem	ients in
	7/	Mrs.	Thos.	Ves	rdrie	1
	(Date)		(Signature of applicant o	r authori	zed agent) 16-	-33916-1

Types	1 homas		Juligeti	ta
(Last name of head of family)	(First name)	(Initial)	(City or post	office)
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1 Thomas Ty	hes F	Unkno	WN 1864	6
2 Mrs. Lucy Ty	pes	Nov	1871	7
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622975 <b>DU</b> lenne 4.1943	The person signing the that he has authority to it are true. A false certification	is applicat	that all stateme	ents in
(Date)	(Signatile of apple and	or authorize	ed agent) 16-	33916-1

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(Last name of head of family)	(First name)	(Initial)	(C	ity or post offi	ice)
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2Wilma F V		da	W.	1908	6
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(Signature of applicant or authorized agent) 16-33916-1

WALSH	ERNESTI	8	JULIA	
(Last name of head of family)	(First name)	(Initial)	(City or post of	office)
	LAIA	H	IdA	HO
(Mail address, number and street, R. F. D., b	ox number, etc.) (County)		(State)	
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Print first name, middle initia to receive rat		Mont	rn of Birth	Leave Blank
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mae Ire	Ne WALSH	Cysu	81. 19.03	7
3 JOHN ELM	CF WALSH	aco	23 19.22	8
1LCC EdWA	ird Walsh	July	18 1932	9
022864 <b>DU</b>	The person signing this that he has authority to d it are true. A false certific	s applica	that all statem	ients in
(Date)	(Signature of applicant	or authori	zed agent) 16-	-33916-1

WAYLAND	GEORGE	14/50	11105+
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2 WARELS V	VAYLAND.	SUMF /	8835
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TH MORE	SPACE IS NEEDED USE BACK OF CARL		
622863 <b>DU</b>	The person signing thi that he has authority to d it are true. A false certific	s application cer	statements in
V1100 9 1949	1. le Vage	land	*************
(Date)	(Signature of applicant	or authorized agent	16-33916-1

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Weatherby Gast name of head of family) Ben (First name)	IIIIIIII J	diest	<b>Q</b>
R. F. D. 1  (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	DO N	Idaho (State)	2
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.	56	100	D
Print Pirst NAME, MIDDLE INTIAL, LAST NAME OF each PERSON TO RECEIVE RATION BOOK	Month (	Year Year	Leave Blank
1 Weatherby, Ben H.	May	1890	12
2 Weatherby, Frances E.	July		6
3 Weatherby, Goldie J.	Marc		
4 Weatherby, Betty M.	Feb.	1932	8
23021 DU The person signing this that he has authority to dit are true. A false certific true, a false certific tr	s application is a control of the co	riminal offens	ents in

Weather by (Last name of head of family)	Ben	Jp. c	Tulia etta
Box 313	LaTa		Idaho
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receive a book at this address, repeat	that hame on the most and	1001	D DIRTH Leave 4
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IJames B. W	es in comp	7	
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4 ы мо	BE SPACE IS NEEDED USE BACK OF	this application	n certifies to OPA
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560586 DU	The person signing that he has authority it are true. A false ce	to do so and the	at all statements in riminal offense.

Q 1 22/12 Mrs. Ben Heatherburg Fr.

WEATHERBY (Last name of head of family)	BEN (First name)	P.W. C	Tuli ity or post of	AETI
BOX 313 (Mail address, number and street, R. F. D., box	number, etc.) LATAT	4 I	DA (State)	HO
Print below full name and date of bir application. If person listed above a receive a book at this address, repeat the statement of the statem	s head of family is eligible to	11	8 9	D
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IBEN WEAT	HERBY JR	APRIL	1921	2
2 JEAN A. W	EATHERBY	MARCH	1922	3
3				
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622897 <b>DU</b>	The person signing the that he has authority to cit are true. A false certification	s application lo so and that cation is a cri	all statemer	nts in

6/9/43

Bus Watherty 17.

USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LINE	S ON OTH	ER SIDE I	FIRST
Print Pirst name, middle initial, last name of each person not listed on other side	Month	Year Year	Leave Blank
5 LUELLEN WALSH	Oct 27	1922	20
6 SHAROU FILEEN, WALSH	Sept 8	1942	1
7			
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9			
11	*********		
12			

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

#### HERBERT WEBER (Initial) (Last name of head of family) (City or post office) IDAHO (Mailanddress, 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 Leave Blank Month Year TO RECEIVE RATION BOOK IMRS HERBERT WEBER 2 MR, HERBERT WEBER OEDWARD RICHARD LEROY WEBER 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.

MRS HERBERT WEBER (Signature of applicant or authorized agent)

Mells Arlos.	G	Juliae	
(Last name of head of family)  (First name)  JU/10c770c  (Mail address, number and street, R. F. D., box number, etc.)  (County)	h(Initial)	(City or post o	
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.		968	0
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2 ROXANNO C. Wells	APt:		1
4 Carlon F. Wells	Dec	1941	3
The person signing thi that he has authority to dit are true. A false certific	s applicat	ion certifies to that all statem criminal offen	OPA ents in se.

(Signature of applicant or authorized agent)

Lawname of head of family) JAMES	B	IDAH IDAH	ETT(
JUKAETTA LATA  (Mail address, number and street, R. F. D., box number, etc.)  LATA  (Councy)	H   /	DA	+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.	11	5 2 CY	20
Print first name, middle initial, last name of each person to neceive ration book	Month	Year Year	Leave Blank
ICAMES B. WEST	4	1900	
HAZEL O. WEST	1	1909	
BEVERLY Q. WEST	12	1932	
BONNIE D WEST	10	1934	
The person signing the that he has authority to dit are true. A false certification of the true of the	s application	t all stateme	ents in
(Signature of applicant	or authorized	agent) 16-	33916-1

### CHESTER (Initial) (Last name of head of family) (First name) (City or post office (Mail address, number and street, R. F. D., box number, etc.) 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 Year TO RECEIVE RATION BOOK 1 CHESTER, A. WESTLING. 2 GUSSIE. B. WESTLING.

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. 4.1943

CHESTER. A. WESTEING

(Signature of applicant or authorized agent)

# Whater (Lest name of head of family)

## James

	JULI	AET
Initial)	(City o	r post off

J	06	ia E1	ra	RI	ED - 1	1 Box	4.41
_	(Mail a	ddress, nu	mber an	d street	R. F. I	box nur	nber, etc.

(County)

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.	4 88	3 3	Mar A
Print first name, middle initial, last name of each person to receive ration book	Month	F BIRTH Year	Leave Blank
IJaMES. WHOLEN			4
. 2			
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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.

7/5.1943.

Gignature of applicant or authorized agent)

WHITE CHARLE	5 M Juliact
(Last name of head of family) (First name)	((Initial) (City or post office)
Mail address, number and street, R. F. D., box number, etc.) Aug Car	ce Maho
Print below full name and date of birth of each person included in thi	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	0 10 10 10 10
Print first name, middle initial, last name of each person to receive ration book	Month   Year   Leave   Blank
1 Charles M. White	Max. 1874 3 2
2 EMM a D. White	APY. 1885-43
3 Homer C. White	Dec 1911
4 G) adys R. White	Jan 1925 63
IF MORE SPACE IS NEEDED USE BACK OF CAR	nD .
that he has authority to	do so and that all statements in fication is a criminal offense.
may 28/943 Mrs. C.M.	Thite
(Date) (Signature of applican	t or authorized agent) 16-33916-1

White	Dale	6.	# Bu	hast
(Last name of head of family)	(First name)	(Initial)	(City or post o	
(Mail address, number and street, R. F. D., b	oz number, etc.) Ne Plu	ce	) Dad (State)	10
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4	RE SPACE IS NEEDED USE BACK OF C.			
548672DU	The person signing that he has authority to it are true. A false cert	this application	nat all staten	ients in
7-7-43 7	Mrs. C. M. (Signature of applican	Who to authorized	ele agent) 16-	-33916-1

WHYBARK  (Last name of head of family)	FRELAND (First name)	(Initial)	July or post off	TTA
B6X 351 (Mail address, number and street, R. F. D., bo	THE RESIDENCE OF THE PROPERTY OF THE PARTY O	4	IDA H	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 that name on the first line below.	945	340	Lcave
1 PORTHY M. W	ON BOOK	APRIL		Blank
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202021 <b>DV</b>	The person signing thi that he has authority to dit are true, A false certific	s application	at all statemen	nts in

may 24 1944

Mrs.

F.H. :

(Signature of applicant or authorized agent)

Whybark	Freland	W	Juliae	tte
(Last name of head of family)	(First name)	(Initial)	(City or post	office)
Box 358 (Mail address, number and street, R. F. D., bo)	number, etc.) [Cou		Idal	10
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, to receive ratio		Month Month	OF BIRTH	Leave Blank
1 Freland W. Whybs	rk	JulyI	0 1510	3
2 Una Le Whybark		SeptI	2 1921	4
3 Vivian E. Whybar	k	Apr.	8 I940	6
4 Ponnie Jean Whyb	ark	Feb27	1943	6
910172 DI MORE BEACH IS NEEDED USE DACK 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 1st

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USE LINES BELOW FOR ADDITIONAL NAMES. FILL ALL LIN	ES ON OTH	ER 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 LINE	S ON OTE	IER SIDE	FIRST
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NOT LISTED ON OTHER SIDE .	Month	Year	Blank
solimme WEST	2	1936	
6 ROBERI C. WEST	3	1938	
7 MONTY C. WEST	8	1939	AT IN
8 LYLE D. WEST	6	1942	
OBLINK WEST	7	1944	
10			
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IF THERE ARE MORE THAN 12 PERSONS, COMPLETE ANOTHER APPLICATION FOR PERSONS NOT INCLUDED IN THIS ONE

		Jula	
(Last name of head of family) (First name)	(Initial)	(City or post of	ice)
ROUTE.2 NESPER	CE		40
(Mail address, number and street, R. F. D., box number, etc.) (County)		(State)	Table of the last
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Print first name, middle initial, last name of each person		m of Birth	Leave /
TO RECEIVE RATION BOOK	Month		Blank
1 E bWARDINICKERSHAN	1. Ale	e 1870	2
3 JENNIE.M. WICKERShow	Ju	4 1883	3
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F MORE SPACE IS NEEDED USE BACK OF CARD  The person signing this that he has authority to dit age true. A false certific	applicat so and	that all stateme	ents in

### WiechMAN (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. DATE OF BIRTH Print FIRST NAME, MIDDLE INITIAL, LAST NAME OF each PERSON Leave Blank TO RECEIVE RATION BOOK Month Year Grover 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.

Juneist

(Signature of applicant or authorized agent)

Williams ALEX	J Gulliseta
(Last name of head of family) (First name)	(Initial) (City or post office)
	dache
(Mail address, number and street, R. F. D., box number, etc.) (Cou	unty) (State)
Print below full name and date of birth of each person included application. If person listed above as head of family is eligi receive a book at this address, repeat that name on the first line l	Die to I II I I I I I I I I I I I I I I I I
Print first name, middle initial, last name of each person to receive ration book	Month Year Leave Blank
1ALEX J WILLIAMS	JUNE 1900 0
2 - FNORA, P WilliAMS	nov 1906
3 DONAID, B. WILLIAMS	APAIL 1925 7
4 KENNETHWWILLIAMS	DEC 1931 3
that he has authorit	or CARD ing this application certifies to OPA ty to do so and that all statements in e certification is a criminal offense.

(Signature of applicant or authorized agent)

Williams (Last name of head of family)	Lilly (First Mane)	(Initial)	Julia (City or post of	1/2
Bx, 36			Idah	
Mail address, number and street, R. F. D., be 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 to //	(State) O NOT WRITE HER	am /
Print first name, MIDDLE INITIATO RECEIVE RAT	L, LAST NAME OF each PERSON ION BOOK	Mont	TE OF BIRTH	Leave Blank
Lilly Willi	ams	5	1882	8
2 Edibard V	villiams	7	1894	9
margares	- Jackson	12	1926	20
644771 <b>DU</b> 15 MOI	The person signing to that he has authority to it are true. A false certification of the second seco	his applic	I that all staten	nents in

(Signature of applicant or authorized agent) 16-

William Son (Last name of head of family)	HARVE (First name)	Julia ETTA (City or post office)
7.0.Box		IDA HO
Print below full name and date of bit application. If person listed above receive a book at this address, repeat	as head of family is eligible t	
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATE	ON BOOK	Month Year Blank  JUNE 1876 9
2	7.71.12.0.0.76	
4		
622888 <b>DU</b>	The person signing the that he has authority to it are true. A false certi	do so and that all statements in ication is a criminal offense.

JUNE-34 HARVE WILLIAM SON

(Signature of applicant or authorized agent)

Willoughby (Last same of head of family)	Robert (First name)	S (Initial)	Juliaet (City or post	
R. F. D. 2  (Mail address, number and street, R. F. D., both print below full name and date of bit application. If person listed above in the street of the property of the street of the property of the street of	rth of each person included in this	Do	Idaho. (State)	
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE BATH  1 Robert S. Willoug 2 Restrice I. Will	that name on the first line below.  , LAST NAME OF each PERSON ON BOOK	1019		Leave Blank
The person signing this application certifies to OF that he has authority to do so and that all statements it are true. A fall certification is a criminal offense.  June, 1, 1943  Gignature of applicant or authorized agont				nts in

Wilson (Last name of head of family)	CLEO (First name)	(Initial)	lizeT	1 2
Box 67, R.F. D. (Mail address, number and street, R.F. D., be	Neg Perc	1	da 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 that hame on the first line below.	428	6 1	Dy
Print FIRST NAME, MIDDLE INITIAL TO RECEIVE RATE	ON BOOK	Month	Year 1915	Leave Blank
EMERY WILSON	n	Jeb.	1912.	3
4	B SPACE IS NEEDED USE BACK OF CARL	application	cartifies to	OPA
622972 DU	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

June 7

Mrs Cles Wilson
(Signature of applicant or authorized agent)

WIHE	Beth	NJ	ulie	TTA
(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.) (County)		dah	2
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 t	S	WRITE HER	
Print first name, middle initial to receive rati		Month	Year Year	Leave Blank
BETH N. VV	ing.	7= /2	1901	6
2 MARIORY	BELLEVICI	& may	1928	
J'OE HARVY	VVING	apes	1731	
4ERNEST 4	VVING	supe	1234	-9
622966 <b>DU</b>	The person signing the that he has authority to it are true. A false certification of the state	do so and the	t all stateme	ents in
1	13 .1 % 11			

(Signature of applicant or authorized agent)

WOODY	MELVA	161	Julia	EHM
(Last name of head of family)	(First name)	(Initial)	(City or post	
(Mail address, number and street, R. F. D., b	ox number, etc.) NEZ PER	CE	TOAT (State)	7.4
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	O 2 4	The Parket
Print First Name, MIDDLE INITIAL TO RECEIVE RAT.		Month	OF BIRTH	Leave (
MELLIA G.	WOODY	2	01	3
2 ROBERT E.	WOODY	2	93	4
3 CHAPLES E	WALKER	12	71	5
4		4		
623005 <b>DU</b> 6/1/43	The person signing this that he has authority to dit are true. A talse certific that he has authority and the second seco	s application so and the cation is a	nat all statem criminal offen	ents in
(Data)	Configurates of approprie	or muchorisec.	16-	-33916-1

ISE 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	Year Year	Leave Blank
SPARLENE, 7 WILLIAMS	JULY	1935	14
6			
7			
8			
9			
10			
11			
12			
IF THERE ARE MORE THAN 12 DEDCOME COMPLETE AND	ATTENDANCE	OT TO ATTON	T

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 LIN	ES ON OTH	IER SIDE	FIRST
Print PIRST NAME, MIDDLE INSTIAL, DAST NAME OF each PERSON	Name and Address of the Owner, where the owner, which is the	F BIRTH	Leave
NOT LISTED ON OTHER SIDE	Month	Year	Blank
stilly william's	5	1482	-
	M	13au	
Edward Williams		1 6 3	
Margaret Jackson.	1.00.	1740	
8			
9			
10			
11			
12	12		

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

Wolft	Henr	y F.	Julia	
Route	l Rez l	Perce	I de	ho
application. If person listed a	te of birth of each person included above as head of family is eligence that name on the first line	gible to	(State) NOT WRITE HERB	00
	NITIAL, LAST NAME OF each PERSON VE RATION BOOK	Month Month		Leave Blank
2 PoroThy	M. WORF	F Oug	# 1919	2
4	LE MORE SPACE IS NEEDED USE BACK	OF CARD		
622977 DU	The person sign that he has author it are true, A fals	ning this applica rity to do so and se certification is	that all statemen	nts in
June 8, 1943	Dorothy Biguette of a	Ma 9	ved agend 16-8	3916-1

	Wunderlich	How	ard.		€.	Jus	Cleans or post offi	the	
	(Last name of head of family)		erst name	0	/ I	( City	or hear our	O O	
		341	Late	ake.			da	ho	
	(Mail address, number and street, R. F. D., be	ox number, etc.)	(Cc	ounty)			(State)	111	
	Print below full name and date of b application. If person listed above receive a book at this address, repeat	as head of f	amily is elig	to l	20	O NOT W	2 6	Į.	2
	Print first name, middle initiato receive rat	L, LAST NAME O	r each Person		Mont	TE OF BI	Year	Leave Blank	
	1 Wunderlich, He	oward	E.	2	Jul	4 10	716	4	
	2 hounderlich, Ma	Lripric	A.		7c	6. 1	120	5	
	3 wunder lich, 4	カイトリ	77	s	Jun.	c. 1	940	6	
	4	U							
•	622880 <b>DU</b>	that I	person sign true. A false	ing this	so and	that a	II stateme	nts in	
1	· //	- 1	1. 1	2 1				2	

June 1, 1943

Munderlieb Marsasi Co.
(Signature of applicant or authorifed agent) 16-33916-1

Wunderlich Marjorie (Clast name of head of family)	A Quiaetta
(Mail address, number and street, R.F.D., box number, etc.)  (County)	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.	DO NOT WRITE HERE
Print PIRST NAME, MIDDLE INITIAL, LAST NAME OF EACH PERSON TO RECEIVE NATION BOOK  1 Wunder Lich Lind 2 D.	Month Year Blank
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561001 DU  15 MOBE BPACE IS NEEDED USE BACK OF CARD The person signing this a that he has authority to do s it are true. A false certificati	application certifies to OPA so and that all statements in ion is a criminal offense,

August 6,1943 Marjarie A. Manderlich (Bignature of applicant or authorized agent) 16-