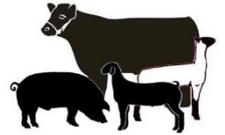


PREMISE ID



(List the name(s) of each 4-H/FFA member in the family)

4-H/FFA Member Name: _____

4-H/FFA Member Name: _____

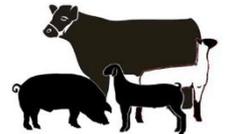
4-H/FFA Member Name: _____

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Premise ID Number(s) for where your animals are located.

**CARD MUST BE RETURNED TO NEBRASKA EXTENSION IN SALINE COUNTY
NO LATER THAN JUNE 13.**

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