Pose:		Tag #:		
Wildlife Re	esource Doc	Intake Date:		
Refer to <b>Outdoor Annual</b> sections on <b>Transfer</b> Taxidermist for an explanation of red				
l,	(name),			(phone)
. Address.	,City	,, _ State		Zip
<u>Ro</u>	s (complete Sections 6 the raback Bird Works (4) Receiver's Name	ru 12):		
657 County Road 1435 Address	, <u>Bogat</u> Citv	<u>ta,</u>	_ <u>I X</u> _, _ State	<u>75417</u> <u>(</u> 5) Zip
	and Type of Species or Parts			(6)
which was killed or caught on		,	the follo	owing location:
Name of Ranch, Area, Lake	e, Bay, or Stream and County, S	State, or Country		
			(9),	(10)
. Hunt and/or Fish License of person who killed or caugh	t the wildlife resource described	d in Section 8		State
Signature	(11	1) Date		(12)
<b>Note:</b> Reproduction of this information is a	allowed, in any form, includir	ng a legible handv	written ve	ersion.
	03-341-7871 ro	orabackbirdwo	orks@(	gmail.com





