

White.  
~~Colored.~~

STATE OF MICHIGAN FORM.

8  
A. G. O. of  
Returned

Claim No. \_\_\_\_\_

*Man. H. G. G. G. G.*

Approved \_\_\_\_\_

Disapproved \_\_\_\_\_

Date \_\_\_\_\_

Claim No. 128835

~~Approved~~ \_\_\_\_\_

Disapproved *qrm* \_\_\_\_\_

Date 5-11-22

Claim No. 128835

~~Approved~~ \_\_\_\_\_

Disapproved *qrm* \_\_\_\_\_

Date 5-11-22