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Claim Number: 87-11541

Claim Fee: \$25.00

Claimant(s): DAVID HOWARD

1329 FLANNIGAN CREEK RD.  
VIOLA , ID  
83872

BRENDA HOWARD

1329 FLANNIGAN CREEK RD.  
VIOLA , ID  
83872

Claimed Purpose(s) of Use: DOMESTIC

N035456

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