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Provenance:

Category: **Uncategorized**

Person:

Date:

HEALTH BENEFITS REGISTRATION FORM

(Required by the Health Benefits Act, 1960)

PART A

NAME: WOODS, JAMES

ADDRESS: FOREST RIVER, NORTH DAKOTA

PART B

ASSOCIATION BENEFIT PLAN

PART C

PART D

PART E

PART F

SIGNATURE: [Illegible signature]

REMARKS: [Illegible text]