

NAME: [Illegible]  
SERIAL: [Illegible]  
DATE: [Illegible]

REGIMENT: [Illegible]  
COMPANY: [Illegible]  
PLATOON: [Illegible]  
BATTALION: [Illegible]

POSITION: [Illegible]  
DUTY ASSIGNMENT: [Illegible]

REPORT MADE AT: [Illegible]  
DATE: [Illegible]

1. HISTORY OF PRESENT ILLNESS: [Illegible]

1. **APPROXIMATE NUMBER OF**  
**PLANTS IN EACH STATE**  
 2. **PLANTS IN EACH STATE**  
 3. **PLANTS IN EACH STATE**  
 4. **PLANTS IN EACH STATE**  
 5. **PLANTS IN EACH STATE**  
 6. **PLANTS IN EACH STATE**  
 7. **PLANTS IN EACH STATE**  
 8. **PLANTS IN EACH STATE**  
 9. **PLANTS IN EACH STATE**  
 10. **PLANTS IN EACH STATE**

Year	Actual	Planned	Actual	Planned
1	1	1	1	1
5	5	5	5	5
7	7	7	7	7
1	1	1	1	1
14	14	14	14	14
2	2	2	2	2
2	2	2	2	2
2	2	2	2	2
4.0	4.0	4.0	4.0	4.0
2	2	2	2	2
1.0	1.0	1.0	1.0	1.0
4.0	4.0	4.0	4.0	4.0
3.0	3.0	3.0	3.0	3.0
1	1	1	1	1
1	1	1	1	1

11. **PLANTS IN EACH STATE**  
 12. **PLANTS IN EACH STATE**  
 13. **PLANTS IN EACH STATE**  
 14. **PLANTS IN EACH STATE**  
 15. **PLANTS IN EACH STATE**  
 16. **PLANTS IN EACH STATE**  
 17. **PLANTS IN EACH STATE**  
 18. **PLANTS IN EACH STATE**  
 19. **PLANTS IN EACH STATE**  
 20. **PLANTS IN EACH STATE**