

Chapter 5 - The World of Slavery and Voluntary Servitude - Did you Volunteer? Are you NOT HAPPY?

B) Premise - (Definition In Webester's Dictionary) 1. a previous statement or assertion that serves as the basis of an argument!

The only problem with the above definition is the assumption which most individuals ALLOW is the participation in the ARGUEMENT!

"...Come out of her, my people, that ye be not partakers of her sins, and that ye receive not of her plagues." - Rev. 18:4.

Does 'comming out' mean argue with her? NOT TO ME! One does something and one has then accomplished said action. If there is arguement, then the accomplishment is not completed. The REQUIREMENT in 'comming out' is to ACCOMPLISH something.

This seems so easy for a very few and so very hard and difficult for others. Most want to 'talk' about 'it' for days and weeks and months and for years and for decades - ad nauseum! There are reasons for this 'talk': incorrect information, in ability to sort out fact from theory, failure to actually study and discern, desire not to 'really' stand-out from the crowd, and the big one - 'fear'! 'The deer in the headlights' is the norm for most individuals when they are 'crying in their beer'! And those individuals will, in my opinion, be those which are weeping and nashing their teeth. I do feel sorry for them. I do know that there will be many( as in most ) of them. And, I do feel sorry for me that I am not 'better' than I am to assist them. However, I CAN DO what I CAN DO! So, wwhy don't you help me with your 'learning' and then share by actions in reaching others? You can do and become a CAN DO if you work at 'it' for the rest of your life!

#### \*\*\*\*\*

The 'Constructive notice and Requirement to Perform'(12 pages plus the cover sheet) is some of the best which I have completed in my opinion. There is a lot to read and study in same. You will have to put in a lot of time in your effort to 'gain some good'. Other items are in this Part B which should be of interest.

The verbal on this Part B could be 4 hours and not be enough. What you will get in 1 hour will be the best which I can give in actually 45 minutes(commercials and music are part of the 1 hour). Failure to listen to the verbal will not be my fault!



# Did you do it in many areas VOLUNTARY SIGN-UP FORM BL Arkansas Premises Identification

| Ark Livestock & Penitry Co.                   | mm.                                   | ,                                 |                           |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------|---------------------------------------|-----------------------------------|---------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Business/Farm A                               | ecount Inform                         | nation:                           |                           |                     | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Business/Farm Name                            | 2:                                    |                                   |                           |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Primary Contact:                              | First name                            | Middle name                       | Lasi name                 |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Secondary Contact:                            |                                       | •                                 | last name                 |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (optional)                                    | Firs, name                            | Middle name                       | Last name                 |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Business/Farm maili                           | ng Address:                           |                                   |                           |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| City:                                         | State:                                | Zip:                              | - 1                       | County:             | er erregg a <del>lleg difference</del> angele                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Phone number:                                 | · · · · · · · · · · · · · · · · · · · | ext:                              | (□ Business □ Home        | □ Cell □ Fax        | □ Pager)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Phone number:                                 | *                                     | ext:                              | (□ Business □ Home        | □ Cell □ Fax        | □ Pager)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Phone number:                                 |                                       | ext:                              | (D Business D Home        | Cell D Fax          | O Pager)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| E-mail address:                               |                                       |                                   |                           |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                               |                                       | rm   Clinic   Exhibit   Rendering | •                         |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Premises Inform<br>(Primary location where it |                                       | hen one location and animals      | are managed separately, a | pply for multiple p | premises ID's)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Premises name/descr                           | iption:                               |                                   | (cxam                     | ple "home place",   | "heifer place")                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Premises Address: A                           | Must be a 911 add                     | ress. Check if same a             | s business/farm acco      | unt mailing a       | ddress 🗆                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| OR (if not the same as bus                    | sinesyfarm mailing add                | ress)                             | mel de                    | muel.               | M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 911 Premises Addres                           | is: a                                 | 9//address                        | -, ded yo                 | enwo                | onder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| City:                                         | State:                                | Zip:                              |                           | County:             | and the state of t |
| if there                                      | is and                                | ther type                         | -of addr                  | err a               | Ther                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| (Contact information wil                      | I not be sold or given                | out by ALPC or NAIS wit           | thout your prior written  | Someoni)            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| than a                                        | 9// add                               | ISA 6<br>I COMPLETE PRI           | HS //                     | TION ON P           | ACK PAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| mandah                                        | org. I                                | do not                            | have a                    | ~ 9//               | aldress                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |



| Species at Premises:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Premises Type: DP (check all that apply) DQ | roducer Unit/Farm D Coustantine Facility D Re | linic = Exhibition<br>endering = Slaugh | □ Leboratory □ Ner plant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | darket/collection point |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Additional Secondary Premises Information (optional):  Premises name/description:  911 Premises Address:  City: State: Zip: County:  Premises Type: Producer Unit/Farm Clinic Exhibition Laboratory Market/collection point (check all that apphy) Quarantine Facility Rendering Slanghter plant  Species at Premises: Beef Catrle Dairy Cattle Bison Swine Sheep Goats Equine (check all that apphy)  Poultry Deer and Elk Llama Emu  Producer/Contact Signature: Date:  Producer/Contact Signature: (minimum of 8 characters)  Password: (minimum of 8 characters) | -                                           | □ Beef Cattle □ Dai<br>□ Poultry □ Deer and   | ry Cattle □ Bison<br>d Elk □ Llama □    | □ Swine □ She<br>Emu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ep 🗅 Goats 🗅 Equine .   |
| State:   Zip:   County:   Producer Unit/Farm   Clinic   Exhibition   Laboratory   Market/collection point (check all that apply)   Quarantine Facility   Rendering   Slanghter plant                                                                                                                                                                                                                                                                                                                                                                                 | Additional Secon                            | dary Premises Info                            | rmation (option                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |
| City: State: Zip: - County:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Premises name/descri                        | ption:                                        | ,                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |
| Promises Type: U Producer Unit/Farm U Clinic U Exhibition U Laboratory U Market/collection point (check all that apphy) U Quarantine Facility U Rendering U Slanghter plant  Species at Premises: U Beef Catrle U Dairy Catrle U Bison U Swine U Sheep U Goats U Equine (check all that apphy) U Deer and Elk U Llama U Emu  Producer/Contact Signature: Date:  FOR OFFICE USE ONLY  User Name: (minimum of 8 characters)  Password: (minimum of 8 characters)                                                                                                       |                                             |                                               |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |
| Check all that apply    Quarantine Facility   Rendering   Slaughter plant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | City:                                       | State:                                        | Zip:                                    | Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ounty:                  |
| User Name: (minimum of 8 characters)  Password: (minimum of 8 characters)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Comment of the second                       | w a seeman to appear the                      |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |
| User Name: (minimum of 8 characters)  Password: (minimum of 8 characters)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Producer/Contact S                          | ignature:                                     |                                         | Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |
| Password: (minimum of 8 characters)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                             | FOR                                           | OFFICE USE ON                           | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | User Name:                                  |                                               |                                         | The state of the s | ·                       |
| Account #: Premise ID #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Password:                                   |                                               |                                         | (minimum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | of 8 characters)        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Account #:                                  | Premis                                        | e ID #:                                 | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |

Return forms to: AR Livestock & Poultry Commission, #1 Natural Resources Drive, P. O. Box 8505, Little Rock, AR 72215
Website: www.artoc.org For questions, contact ALPC support: Phone: 501-907-2400 or e-mail: info@artpc.org
Fax: 501-907-2425



# Cover Sheet for 'Constructive Notice and Requirement to Perform'

It is hoped that those which read this will maintain this Cover Sheet to others which may have use for this 'Constructive Notice and Requirement to Perform.'

## **Mission Statement:**

- 1) Place myself as squarely behind THE LORD as possible, in faith and works. HIS people only succeed when HE is in front of them!!!
- 2) Signify our time and place in history: 'Mark of the Beast'.
- 3) Acknowledge: 'And fear not them which kill the body, but are not able to kill the soul: but rather fear him which is able to destroy both soul and body in hell." Matt. 10:28.

#### **Cautions:**

- 1) A price has to be paid. Not all will qualify to follow this notice and requirement without performance on their part. One can not have their 'cake and eat it' this time.
- 2) Lack of knowledge of the items contained herein, is no reason to 'not' continue your education. My belief is that time is limited.
- 3) Reliance on others to institute a 'political reform' can only delay your effective 'faith and work'. Return to THE FATHER' S LAWS!!!

Although, I recognize that my position is in the severe minority; I ask you when have the masses been correct on any major subject? Please do not censure this opinion from others. Please allow others to join in the controversy!!! Please, freely make a copy of 'this' notice and requirement, and give to another - you may plant and water a seed - unknown to you.

My agitation, in this instance, is to the lack of reality being promoted by others which are attempting to eliminate 'The Mark of the Beast' via legislative action. Surely, the 'gods' of government will loosen the shackles of enslavement relative to premise and animal identification, to mollify political activists. But, at the end of the day, the Mark will exist - for we have THE WORD of THE FATHER on this. Denial is a powerful drug which will encompass most. This denial will freeze most in place and cause them to attempt to find a 'deliverer' with no abilities.

When will people 'see', that Premises Identification will be required for buying/selling their land, farm, home, or condo?

Please, each of you, use all or what you are able to use, freely, I would welcome discussion as to content, motivation, explanation(s), methods of improvement - ph.# 1-870-496-2727

An attempting servant:

Jenty F. Kirk

P.S. - "But wilt thou know, Oh vain man, that faith without works is dead!" - James 2:20. "Ye see then how that by works a man is justified, and not by faith only." - James 2:24

Note:

The Federal and State Surveys (Questions) were included in official mailing and deleted in this distribution to save six (6) pages of copies. All questions filled with '5<sup>th</sup> Amendment to U.S. Constitution hereafter known as 5<sup>th</sup>! All spaces - 5<sup>th</sup> for my response. Address was also corrected to same as the 'Notice'.

January 22, 2007

Jerry F. Kirk, <u>Sui Juris</u>
Calf Creek Township
Section 19, Township 14 N., Range 17 W.
Searcy County, Arkansas
Non-Resident, Non-Domestic Delivery
c/o HC 75, Box 267
Witts Springs, Arkansas Republic
United States of America

President George W. Bush 1600 Pennsylvania Ave. NW Washington, D.C., 20500

&

Secretary Mike Johannf Dept. of Agriculture 1400 Independence Ave., S.W. Suite 200A Washington, D.C., 20250

&

U.S. Dept. of Agriculture National Agriculture Statistics Service 1201 East 10th Street Jeffersonville, In., 47132 Governor Mike Beebe State Capitol Room 250 Little Rock, Ar., 72201

&

Phil Wyrick, Exec. Director AR Livestock & Poultry Comm. #1 Natural Resources Dr. P.O. Box 8505 Little Rock, Ar., 72215

Re: Constructive Notice and Requirement to Perform-Premises and Animal Identification

&

&

Dear Sirs and Successors:

With all due respect and courtesy, as is befitting; you, in toto, are hereby served in your individual capacity, and in your official capacity, respective to each as listed above, in accordance with your oath(s) of office, and all of your successors to said office(s), with this 'Constructive Notice and Requirement to Perform'.

| RECORDED and CERTIFIED     | FILED FOR RECORD    |
|----------------------------|---------------------|
| 第Book // USC #11)          | Date 1/23/07        |
| Page 3/6-321 this 23 day   | at a do clock P M.  |
| of Jessey 2007             | WESLEY SMITH, Clerk |
| Clerk<br>Sinda Bunhin Will |                     |

## 'CONSTRUCTIVE NOTICE AND REQUIREMENT TO PERFORM'

In the Sovereign's land of Searcy County, Arkansas the State, the United States of America, the Republic thereof, Non-Commercial, Non-Corporate, and Non-Federal, as it does apply to Jerry F. Kirk, a.k.a. Jerry Francis Kirk, the follow which includes, but is not limited to what is listed herein, is to;

AS it is known to THE FATHER In Heaven and HIS ONLY Begotten SON; THE MESSIAH, THE CHRIST, THE EVERLIVING, THE WORD OF THE FATHER:

BE it known to all men, governments, fictitious or non-fictitious corporations, their agents, employees, and other creations of man and, or Satan:

- 1) First, foremost, and only, I am servant and in bondage (covenant/treaty) to THE FATHER In Heaven and HIS ONLY Begotten SON; THE MESSIAH, THE CHRIST, THE EVERLIVING, THE WORD OF THE FATHER. THE FATHER'S LAWS are sovereign, superior and almighty to all of man's and Satan's laws. (United States Constitution of America, Article VI. . and all treaties made...) I am required to perform in accordance with HIS LAWS. Any law of man, government, and, or, Satan which is not is accordance, fully, with THE FATHER'S LAWS, even to the extent of the 'jots and tittles', are of no effect or affect on or to me. I claim and re-claim my FATHER'S inalienable rights: rights being defined as responsibilities and duties.
- 2) "This book of the law shall not depart out of thy mouth; but thou shalt meditate therein day and night, that thou mayest (must) observe to do according to all that is written therein: for then thou shalt make thy way prosperous, and then thou shalt have good success." Joshua 1:8. The 'Book of the Law' is required, in toto, for any challenges, charges, prosecutions, and or, sentences attempted by man, governments, or Satan; as against my individual self.
- 3) I, Jerry F. Kirk, was born in the sovereign's land of Dade County, Florida the State, Republic (granted to be free, sovereign and independent Treaty of Paris, on September 3, 1787), the United States of America. (Ex Parte Frank Knowles, 5 Cal Reports 303, 1855)
- 4) I am not a U.S. citizen, a United States person, a person( person Internal Revenue Code 7343 Definition of "Person", Source 145(d), 894 (b)(2)(D), 1718(a)(4), 2557(b)(8), 2707(d), 3228(in part), 3710(c), 3793(b)(2), 1939 Code), a person of the State of Arkansas, or a 14th Amend. to the Constitution of the United States citizen, nor am I a resident or a resident alien. (Twining v. State of New Jersey, 211 U.S. 78, Nov. 9, 1908) I do not have, nor will accept 'civil rights'. ("A 'civil right' is a right given and protected by law, a person's enjoyment thereof is regulated by law that creates it. ") Nichell v. Rosenfield 82 CA 369, 375, 255 p. 760(1927)
- 5) I am not a holder of stock, debt, or interest of any governmental entity. I am a non-resident alien to the United States Federal Government and to the State of Arkansas government. Your governmental entities are corporations in law and operation. Under 18U.S.C. -2441, it is a felony for any person who denies my any common law right which is due me under the Supreme Organic Law of the Land.

6) I am not under the jurisdiction of Roman Civil Law, nor Admiralty Law, nor Administrative Law, (Administrative Code of Law or Justice), nor the laws of Bankruptcy per the United States Federal government, and or their subsidiary corporations, nor under the jurisdiction of the King(or vicen) of Great Britain per debts owed and items pledged through your treaty to Great Britain, and set the Vaticain.

JAN 2 3 2007

Wasley Smith, Clerk Searcy Co., Arkansas

- 7) I have all of my United States of America, the Republic, Constitutional rights. These 'rights' stem from THE FATHER'S LAWS which were re-issued through Moses and flow through the Magna Carta through the body of the Declaration of Independence and the Preamble of the Constitution of the United States of America, the Republic thereof. These rights (more properly known as responsibilities and duties) are known and found in THE FATHER'S LAWS and in common law jurisdiction. (People of the state are entitled to all the rights which formally belonged to the King by his prerogative. Lansing v. Smith, 2ID.89(1829).)
- 8) I have chosen to be an inhabitant of the sovereign's land of Searcy County, Arkansas the State, Republic (republic as opposed to Democracy in definition contained in The American Military Training Manual, 1928), the United States of America. Recorded misc. 82, page 191, November 24, 1997, Public Records Searcy County, Arkansas the State, The United States of America, the Republic thereof.
- 9) I receive 'post' and no mail!!! The correct wording(listing) for me to receive 'post' notifications(s), documents, service, warrants, and (or) any other 'lawful' materials is:

Jerry F. Kirk, Sui Juris
Calf Creek Township
Section 19, Township 14 N., Range 17 W.
Searcy County, Arkansas
Non—Resident, Non-Domestic Delivery
c/o HC 75, Box 267
Witts Springs, Arkansas Republic
United States of America

No other wording(listing) will be considered 'legal' or 'lawful', nor will any items sent to me, individually, at any address other than above, be considered delivered, sent, serviced, or served.

- 10) I have property (property "The unrestricted and exclusive right to own a thing, the right to dispose of a thing in every legal way, to posses it, to use it, and to exclude everyone else from interfering with it".).
- 11) I own no 'personal property'. What ever I have is not pledged to the payments of your debts, "Our tax system is based upon voluntary assessment and payment, and not upon distraint." Flora v. United States 362 U.S. 145) "Irrespective of what a tax is called by state law, if its purpose is to produce revenue, it is an income tax receipts tax under the Buck Act." Humble Oil & Refining Co. V. Calvert(1971)464 SW 2d. 170, affd. (Tex) 478 SW 2d 926, cert. Den. 409 U.S. 967, 34, Ed 2d. 234, 93 S.Ct. 293.
- 12) I will not be forced into breaking my treaty (covenant) with THE FATHER and HIS SON through involuntary servitude, tribute, or slavery to insure others or myself and further the profits of the idol-worshipers of Babylon. I am servant, as in slave to THE FATHER; should you desire to capture and enslave me, you must take the matter up with my MASTER as I am forbidden to negotiate with you. "Thou shalt make no covenant with them, nor with their gods." Exodus 23:32.

(1.K.)

FILED

JAN 2 3 2007

Wesley Smith, Clerk
Searcy Co., Arkansas

#### FURTHER be it noticed:

- 13) You, in your individual and official capacity, have indeed become under the jurisdiction of the United States Federal government. (Buck Act (4USCS 104-113) and 'Public Salary Tax Act of 1939') Springfield v. Kenny, (1951 App.) 104N.E. 2d.65.) "...thou mayest not set a stranger over thee, which is not thy brother." Deut. 17:15.
- 14) Therefore, I am not 'within the United States, but, lawfully, I am 'without the United States' per Title 28 U.S.C.- 1746 subsection 1; and you and your corporate governments are within. You have no office with me. (Any officer or employee of the United States acting in connection with any revenue law of the United States who is guilty of any extortion or willful oppression under color of law shall be dismissed and may be fined up to \$10,000 and imprisoned for 5 years. IRC 7214(a).

#### **FURTHER** be it noticed:

- 15) You in your individual and official capacity have promoted, produced, and will enforce the Babylon identification of premises, livestock, and resources. Your printed documents state, movements, numbers, deaths, and buying/selling will be enforced to prevent said activities without said identification numbers: "And that no man might buy or sell, save he that had the mark, or the name of the beast, or the number of his name." Revelation 13:17. So, let's call 'it' by it's real name The Mark of The Beast. Therefore, you are the promoters, producers, and enforcers of The Mark of The Beast. You might want to read Rev. 19:19-21, and change your ways.
- 16) And, of course, it is recognized that you are well on your way to the 'complete chipping' of people for the 'buying and selling' clause. Again, you may want to be informed of the following: Rev. 14:8-11.
- 17) I and the things which THE LORD has granted unto my care will not take the Beast's mark, number, or worship. "The fear of THE LORD is the beginning of knowledge..." Proverbs 1:7. And, I have that knowledge: and, you can not protect me from the wrath of THE FATHER!!!

#### FURTHER be it noticed:

- 18) I, Jerry F. Kirk, plainly, clearly, and squarely challenge, in toto, your individual, official, and governmental jurisdictions to my individual body (self), items alive and dead, earth belonging to THE FATHER and temporally under my care. 'When jurisdiction is not squarely challenged, the subject matter is presumed to exist." Burles v. Tasher 441 U.S. 471. 'Where jurisdiction is challenged, it must be proven." Hagens v. Levine 415 U.S. 528 at 533.
- 19) I, further challenge your Federal or State jurisdiction(s) as to my status and any or all points contained in this notice, in toto. "Whatever the form in which government functions, anyone entering into an arrangement with the government takes the risk of having accurately ascertained that he who purports to act for the government stays within the bounds of his authority. . . and this is so even though. . . the agent himself may have been unaware of the limitations upon his authority." Federal Crop Insurance Corpan. Merrill, 332 U.S. 380, 384(1947) THE FATHER In Heaven and HIS ONLY Begotten SON have limited your authority. I am not in any arrangement, contract, covenant with your governments. If a contact does exist, then I hereby revoke, withdraw, and void my permission and signature sto the validity and viability of said contract(s). All contracts are null and void should any have existed.

(14p)

JAN 2 3 2007 Wesley Smith, Clerk Searcy Co., Arkansas

- 20) YOU HAVE TEN (10) DAYS IN WHICH 10 REPLY, FROM THE RECEIPT OF THIS CERTIFIED) MAIL, AS PER U.C.C. 3-505(2). Your reply must have proof of jurisdiction and I maintain the right, responsibility, and duty to challenge any and all evidence of your claimed, if any, jurisdiction. Your reply must have proof of all relevant facts which you may want to contest.
- 21) A fault must be considered to exist if you do not comply (U.C.C. 1-201 (16). Said fault, being on your part, would create a fraud through material misrepresentation, which would viatiate anything from the beginning as per U. C. C. 1-103. (Note: "... fraud. viatiates the most solemn contracts, documents, and even judgements..." U. S. v. Throchmorton 98 U.S. 61 at p. 65.
- 22) You have received as enclosures with this notice as follows:
  a. 2006 Agricultural Identification Survey with responses. (Federal); pages 7, 8, 9, and 10.
  b. Premises Identification Registration with responses. (State); pages 11, 12.

# YOU and your successors are required to perform:

- 1) You are required to exhibit instrument (s) that contain my signature which obligate me to your demands to have premise identification, animal identification, crop identification, and, or, any type of number identification. U.C.C. 1201(3).
- 2) Provide me with proof of your claim, now or in the future, that you maintain a security interest (U. C. C. 1-201 (37), to make a presentment.
- 3) Provide evidence of your authority to make a presentment, and what Territorial Application (U.CC. 1-105) exists that we have agreed upon, which contains my signature.
- 4) Since I have declared, exhibited, and affirmed the status of 'nonresident alien' and am not a 'person' as described in 26 U.S.C. 7343, please provide (as in you are required) me with the copy of the source of income and from that 'geographical part' of the statutorily defined 'United States' you purport it came from in order to substantiate your claim based on agreement.
- 5) What presumption(s) are you laboring under which make you think that, I, as a nonresident alien, am effectively connected with a trade or business within the statutorily defined 'United States' that causes, now or in the future, your presentment (demand) that I have premise, animal, crop, and or self numbered, or otherwise, identification?
- 6) Name all the 'we's and 'they's' and supply their employee ID numbers, who have determined that I, a nonresident alien, had a liability for your demands and plans in this Constructive Notice and Requirement to Perform.

7) Provide the negotiable instrument(s) I was supposed to have signed that were "Payable To", that would make you a Holder in Due Course (U. C. C. 3-805) in order for you to make a presentment and demand for registration, numbering, purchasing equipment, accepting fines, stealing land, kidnaping my individual self and or items in my possession.

8) Reveal which principle you are operating for in this instance; The Board of Governors of the Federal Reserve Bank, the International Monetary Fund, the United National the 'United States', or other.

FILED

JAN 2 3 2007

Wesley Smith, Clerk Searcy Co., Arkansas 9) "Silence can only be equated with fraud where there is a legal or moral duty to speak or where an inquiry left unanswered would be intentionally misleading. V.." U.S. v. Tweel, 550 F.2d. 299-300(1977).

# Further you are required to perform:

- 10) You are required to list, post, codify, and inform all, Federal and State, agencies, corporations, law enforcement bodies, regulatory bodies, and all others which may come in contact with my individual self, the items in my care, and the earth in my care and as of my status and your lack of jurisdiction.
- 11) You are required to prevent, inform, and estoppel for all time(s), your employees, agents, law enforcement bodies, judicial bodies, and all others from harassing, kidnaping, revenue collecting, codification, listing, and all others acts repugnant to life: relative to my individual self, the items under my care, alive and dead, and the earth under my care.

You are advised, as in you are now aware, sufficiently, of the fact(s) and a violation(s) of the aforementioned constitutes 'intent to commit fraud', that the United States Code and other laws provide for substantial criminal and monetary damages to be assessed should you, The United States Federal Government, The State of Arkansas, their employees, officers, agencies, or governmental bodies violate my rights, duties, and responsibilities.

I am ordered by my MASTER to perform: "...Come out of her (Babylon), 'my people'; that ye be not partakers of her sins and that ye receive not of her plagues."—Revelations 18:4 Therefore, I know it is possible and will continue my efforts.

I am ordered by my MASTER to perform: Son of man, "...If thou dost not speak to warn the wicked from his way, that wicked man shall die in his iniquity; but his blood will I require at thine hand." Ezek. 33:8

I have spoken to warn and have no need to wash my hands.

Govern yourself(s) accordingly.

Servant,

endo√F. Kirk D

Notice sent to:

Pres. Bush

Sec. Johannf

U.S. Dept. of Agric.

Cov. Beebe

Exec, Dir. Wyrick

My phone number: 1-870-496-2727

**Certification Number:** 

#<u>7004 2510 0006 4319 4624</u>

#\_7004 2510 0006 4319 4631

#\_7004 2510 0006 4319 4648

# <u>7004 2510 0006 4319 4655</u>

#<u>7004 2510 0006 4319 4662</u>



# 2006 AGRICULTURAL IDENTIFICATION SURVEY



U.S. Department of Agriculture National Agricultural Statistics Service 1201 East 10th Street Jeffersonville, IN 47132

AIS-01 (11/14/06)

OFFICE USE ONLY

| 018    | 020 5 AF |
|--------|----------|
| 021 Th | 0225 1   |

Dear Sir/Madam:



ID 053009491902 001 788 0 0 0 6 SEARCY AR 129 30

SEQ016-33235

H...I.I.I.I.I.I.I.I.I.I.II.II.II.II.III.III.III.III

Jerry F. Kirk, Sui Juris
Calf Creek Township
Section 19, Township 44 N

Section 19, Township 14 N., Range 17 W.

Searcy County, Arkansas Non-Resident, Non-Domestic Delivery

c/o HC 75, Box 267 Witts-Springs, Arkansas Republic

United States of America

FILED
JAN 2 3 2007
Wesley Smith, Clerk
Searcy Co., Arkansas

Code, if necessary

✓Do you own or rent any land?

Do you have a few head of cattle? Some horses? Poultry? Hogs? Aquaculture Products? Own Bees? Other livestock or agricultural products?

✓Do you grow vegetables, hay or nursery stock?

✓Do you farm or ranch?

✓Do you receive government payments?

Did you know that 60% of the farms counted in the 2002 Census of Agriculture produced less than \$10,000 in agriculture sales? Many people who don't consider themselves to be farmers or ranchers actually meet the definition of a farm or ranch and are important to agriculture.

Your response to the enclosed questionnaire will help us determine your involvement in agriculture. We are asking you to take time to carefully complete the questions and return the form in the enclosed envelope. We need your completed form even though you may not be actively farming, ranching, or conducting any other type of agricultural activity.

If you receive more than one form, please complete a form for each separate farming operation you conduct. If the multiple forms are for the same operation, please complete only one, write "DUPLICATE" on all other forms, and return all forms in the same envelope.

"Response to this survey is legally **required** by Title 7, U.S. Code". As with all information collected by the National Agricultural Statistics Service (NASS), the same Federal law requires that your individual answers are kept completely **confidential** and will not be provided to any individual or organization.

If you have any questions, call our toll-free number at 1-888-4AG-STAT or 1-888-424-7828, and we will be happy to assist you.

Thank you for your assistance.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0535-0226. The time required to complete this information collection is estimated to average 10 minutes per response.

|                    |                 |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                        |                                             | _                 |
|--------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------|-------------------|
| Ac                 | res (           | Operated                                                                                                                    | (B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Ray                                      | ge 8 of 12                                  | 2                 |
| ln                 | clude t         | he farmstead, all cropland, ponds, w                                                                                        | voodland, pastureland, wasti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | eland, and l                             | and that is in govern                       | ment programs.    |
| 1.                 |                 | many acres does this operation:                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                             | 111 67            |
|                    | 1a.             | Own?                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                             |                   |
|                    | 1b.             | Rent or Lease from Others, or u                                                                                             | se Rent Free?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nive of a milestrations a                | +                                           | 112 500           |
|                    | 1c.             | Rent to Others?                                                                                                             | ी ।<br>इ.स.च्या के सम्बद्धाः सम्बद्धाः सम्बद्धाः सम्बद्धाः सम्बद्धाः सम्बद्धाः सम्बद्धाः सम्बद्धाः सम्बद्धाः सम्बद्धा                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ing state of the second                  |                                             | 113 57            |
| 2.                 | Tota            | Acres Operated: [Item 1a + 1b -                                                                                             | 1cj                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          | ==                                          | 1005 1            |
| 1                  | 200             | Of the Astal commence and the                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ** 15.2°                                 | · .                                         | 680 - Tet         |
|                    | 2a:<br>2b.      | Of the total acres operated, how Of the total acres operated, how                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | •                                           | 220               |
| •                  |                 | Woodland Pasture, and Rangela                                                                                               | and?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          | ws                                          | 203 -70           |
| Cre                | oplar           | nd                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                             |                   |
| 3.                 | (Incli<br>for p | ne <b>total acres operated</b> [Item 2], ho<br>ude planted cropland, land in hay, so<br>asture and cropland in government p | ummer fallow, cropland idle,<br>programs.).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | cropland u                               | sed                                         | 300 5 Th          |
| 4.                 | Of th           | e total cropland acres [Item 3], how                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | oduce:                                   | uite<br>uite e<br>uite                      | 1                 |
|                    | 4a.             | Any hay or forage crops on this of<br>(Count each acre only once; regal                                                     | peration?<br>rdless of the number of cutti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ings or diffe                            | rent uses.)                                 | 345 5-11          |
|                    |                 |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | 4.<br>4.                                    | ACRES   Tenths    |
| 21 - 1.<br>21 - 1. | 4b.             | Any berry crops on this operation?                                                                                          | <b>?</b> ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |                                             | 1045              |
|                    | 4c.             | Any fruit or nut crops on this open                                                                                         | ation? (Excluding berries.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                                             | 097 / 1           |
|                    | 4d.             | Any potato crops on this operation                                                                                          | n                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                                             | 500               |
|                    | <b>4e</b> .     | Any vegetable and melon crops or                                                                                            | n this operation? (Excluding                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | potatoes.).                              | • • • • • • • • • • • • • • • • • • • •     | 3 1 1             |
|                    |                 |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Γ                                        | SQUARE FEET UNDER<br>GLASS or OTHER         | ACRES IN THE OPEN |
|                    | <b>4</b> f.     | Any nursery, greenhouse, floricultuon this operation?                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1.5<br>                                  | 477 STATE                                   | ACRES Tenths      |
|                    | <b>4</b> g.     | All other cropland acres on this op                                                                                         | and the second s |                                          |                                             | 202 5 th          |
| 5.                 | Prog            | e total acres operated [Item 2], how<br>ram (CRP), Wetland Reserve Prog<br>onservation Reserve Enhancemen                   | w many acres are in the Co<br>ram (WRP), Farmable Wet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | nservation                               | Reserve<br>am (FWP)                         | 200 5 ml          |
| Gra                | in S            | torage                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | en e | est consistent                              |                   |
| 6.                 | What<br>to sto  | is the Total Storage Capacity of a<br>are Whole Grains or Oilseeds on the                                                   | Il structures normally used ne total acres operated?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          | bushels                                     | 305 5 1           |
| Live               | esto            | :k                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | 140                                         | •                 |
| 7.                 | Durin           | g the past 12 months, what was the<br>y One Time (Include animals of any                                                    | Largest Number of the following the holds are including newborns.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | lowing lives                             | to contribute ?                             |                   |
|                    | 7a.             | All Cattle and Calves, regardless                                                                                           | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 127                                      | FILED                                       | 3105 11           |
|                    | 7b.             | All Goats and Kids, regardless of                                                                                           | ownership?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | . 6                                      | JAN 2 3 2007                                | \$ 5 11           |
|                    | 7c.             | All Horses, Ponies, Mules, Donk                                                                                             | eys, or Burros, regardless                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | injeregryvo to                           | Wesley Smith, Clerk<br>Searcy Co., Arkanasa | 57                |
|                    | 7d.             | All Sheep and Lambs owned by i                                                                                              | this operation, regardless of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | location                                 | 27                                          | 640 5 11          |
|                    | 7e.             | All Hogs and Pigs owned by this                                                                                             | operation, regardless of loc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ation?                                   |                                             | 630 5 1           |
| _                  |                 |                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | /- A                                        |                   |

AIS-01 (11/14/06)

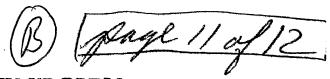
| 8b. What wand oth (Exclude 9. During the pass operated, regal Aquaculture 10. During the pass (Exclude aquas Bees 11. Did this operated)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | t number of layers the primary to table Egg 70 ras the peak number chickens raise chickens report 12 months, hourdless of owners      | ype of layer/pu  Egg Typ  Begg Typ  Typ  Typ  Typ  Typ  Typ  Typ  Typ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | I roosters for<br>allet operation<br>pe Hatch: 7<br>e time of brooduction during<br>urkeys were i | laying flock at a<br>1?<br>762  Broiler T<br>illers, fryers, capa<br>ng the past year                                                   | ny one time<br>ype Hatch<br>ons, roaster<br>?                                 | 763.5. Pulle                                                                          | 892 5-74                             | lock         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------|--------------|
| 8b. What wand oth (Exclude 9. During the pass operated, regal Aquaculture 10. During the pass (Exclude aquas Bees 11. Did this operated)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ras the primary to liable Egg 70 ras the peak number chickens raise e chickens report 12 months, hourdless of owners at 12 months did | ype of layer/purst Egg Typenber at any one ed for meat proted in 8a.)  w many total total total protes in the ed | ullet operation<br>pe Hatch: ;;<br>e time of pro-<br>oduction duri<br>urkeys were (               | 1?<br>762 S Broiler T<br>illers, fryers; cap<br>ng the past year                                                                        | ype Hatch<br>ons, roaster                                                     | 763 D Pulle                                                                           | 765                                  | L<br>lock    |
| 8c. What wand off (Excludent of the passes operated, regardent of the passes of the pa | rable Egg 70 ras the peak nun er chickens raise e chickens report t 12 months, houndless of owners t 12 months did                    | nber at any oned for meat proted in 8a.) w many total toship?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | pe Hatch 7<br>e time of pro-<br>oduction duri<br>urkeys were (                                    | 762 S Broiler T<br>illers, fryers, cap<br>ng the past year                                                                              | ons, roaster<br>?                                                             | Sales and the second                                                                  | 765                                  | lock         |
| 8c. What wand oith (Exclude 9. During the pass operated, regarded). During the pass (Exclude aquared). Bees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ras the peak numer chickens raise chickens reported to 12 months, hourdless of owners to 12 months did                                | nber at any oned for meat proted in 8a.) w many total toship?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | e time of pro<br>oduction duri<br>urkeys were (                                                   | ilers, fryers, cap<br>ng the past year                                                                                                  | ons, roaster<br>?                                                             | Sales and the second                                                                  | 765                                  | lock         |
| 9. During the pas operated, regalated.  Aquaculture  10. During the pas (Exclude aqua.)  Bees  11. Did this operated.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | er chickens raise<br>te chickens repoil<br>at 12 months, hourdless of owners<br>to 12 months did                                      | ed for meat protect in 8a.) w many total to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | oduction duni                                                                                     | ng the past year                                                                                                                        |                                                                               |                                                                                       |                                      | to           |
| 9. During the pas operated, regalaction of the pas (Exclude aqua)  10. During the pas (Exclude aqua)  11. Did this operated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | at 12 months, hourdless of owners                                                                                                     | w many total to<br>ship?<br>vou or anyone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | urkeys were (                                                                                     |                                                                                                                                         |                                                                               |                                                                                       | 770                                  |              |
| 10. During the pas (Exclude aqua) Bees 11. Did this operat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | t 12 months did<br>tic plants.)                                                                                                       | you or anyone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | else have a                                                                                       |                                                                                                                                         |                                                                               |                                                                                       |                                      | 74           |
| Bees  11. Did this operat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | t 12 months did<br>tic plants.)                                                                                                       | you or anyone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | else have a                                                                                       |                                                                                                                                         | Allen (Allen )                                                                |                                                                                       |                                      | -            |
| Bees<br>11. Did this operat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | uc parits.j                                                                                                                           | • • • • • • • • • • • • • • • • • • • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | The second of                                                                                     | ny aquaculture c                                                                                                                        | n this opera                                                                  | tion? 679                                                                             | The state of                         |              |
| 11. Did this operat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                   |                                                                                                                                         |                                                                               |                                                                                       | 1 12 Yes 3                           |              |
| December 31,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ion <b>own</b> anv col                                                                                                                | onies of bees r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | regardless of                                                                                     | location on                                                                                                                             |                                                                               | NUMBER OWN                                                                            | m zuus jr                            |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2006?                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                   |                                                                                                                                         | l                                                                             | 35 17                                                                                 | 841                                  | چنز<br>      |
| Production Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ontracts                                                                                                                              | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   |                                                                                                                                         |                                                                               |                                                                                       |                                      |              |
| 1301<br>1 <b>Swes</b> - C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ontinue with iten<br>or poultry was ra                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 431                                                                                               |                                                                                                                                         | ) <b>-&gt;</b>                                                                | 1300 5                                                                                | d                                    |              |
| ering of the first of the second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                       | t, s ter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Affaithe Bár Leisi                                                                                | Tinggeren i Seleve.                                                                                                                     | eger Str. Kryw.                                                               |                                                                                       | 1313                                 | <del>-</del> |
| 14. What quantity v                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | vas removed mo                                                                                                                        | m the operation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | n under this o                                                                                    | contract in the pa                                                                                                                      | ast 12 mont                                                                   | ns?                                                                                   | 5.7                                  |              |
| abor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                   |                                                                                                                                         |                                                                               |                                                                                       |                                      |              |
| <ol> <li>During the past including paid f</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 12 months, who<br>amily members,                                                                                                      | at was the large<br>on the payroll                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | est number o<br>on any one o                                                                      | of Hired Agricult<br>day? (Exclude co                                                                                                   | ural Worke<br>Intract labor                                                   | rs,<br>)                                                                              | 885                                  | ス            |
| Sales and Fed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | eral Farm I                                                                                                                           | Program F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ayment                                                                                            | S                                                                                                                                       |                                                                               |                                                                                       |                                      |              |
| Include value from Seed Crops, Nu Berries, Other C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | r, Federal Farm I<br>contract. (Exclu<br>om: Field Crops,<br>irsery, Greenhou<br>Crops, Maple Syl                                     | Program Paym<br>Ide cash rent re<br>Hay, Silage a<br>Ise, Floriculture<br>Tup, Hogs and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ents, and val<br>eceived or sh<br>nd Forage Ci<br>Sod, Mush<br>Pias. Cattle                       | cted total gross value of product for<br>hare of crops recorops, Christmas,<br>prooms, Seeds, El<br>and Calves, She<br>restock and Anjm | r all crops, li<br>eived for rei<br>Trees, Shor<br>Bulbs, Vegel<br>en and Lam | vestock, and p<br>nted out land.<br>t Rotation Woo<br>ables, Melons,<br>hs. Gosts Pou | oultry<br>dy Crops,<br>Fruits, Nuts, | <b>9.)</b>   |
| 201 2 5 Wone' th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                       | 35 81 \$99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                   | 457 \$1,000                                                                                                                             |                                                                               |                                                                                       | 2,500 - \$4,99                       | •            |
| 6 \$5,000 -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$9,999                                                                                                                               | 7 57 \$10,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | - \$24,999                                                                                        | 8 27 \$25 O                                                                                                                             | 90 - \$49,99                                                                  | 9 1 \$                                                                                | 50,090 - \$99,5                      | 999          |
| - Al-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                       | 1 2 \$150,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   | 12 5 \$250,0                                                                                                                            | 000 - \$349,                                                                  | 99 13 🗓 💲                                                                             | 350,000 - \$49                       | 9,9          |
| 17. In what county                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       | 5 \$1,000,0<br>value of your A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                   | Products raised                                                                                                                         | or produced                                                                   | 17                                                                                    | •                                    |              |
| County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | IL X                                                                                                                                  | 11. 1 ill.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                   |                                                                                                                                         | Sta                                                                           |                                                                                       | •                                    | •            |
| L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | - 13                                                                                                                                  | FILED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Loj                                                                                               | 4/:                                                                                                                                     |                                                                               | 2 **                                                                                  |                                      |              |
| SEARCY AR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5                                                                                                                                     | JAN 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2007 Ew                                                                                           | Office Use Only                                                                                                                         | 16 cent                                                                       | 017 5 1                                                                               | 019                                  | 4            |

AIS-01 (11/14/06)

|                    |                                                        | . Xx :                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                           |
|--------------------|--------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------|
| Operator           | 7                                                      |                                                                                    | (B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | fage 1                                         | Dof/21                    |
|                    |                                                        | s for the <i>Principal Operat</i>                                                  | or or Senior Partne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | r of this operation                            |                           |
| 92                 |                                                        |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | or and operation.                              |                           |
| Name               | 5                                                      |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                           |
|                    | principal operator                                     |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                | ale 2 S Female            |
|                    |                                                        | perator begin to operate                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                | . 3                       |
| such a             | principal operator of Spa<br>s Mexican, Cuban, or Pi   | nish, Hispanic, or Latino o<br>uerto Rican, regardless of                          | origin or background, race?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 927<br>1                                       | IST SES SIST NO           |
|                    | of Principal Operator, Ma                              |                                                                                    | A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                           |
| 1703.              | American Indian or<br>Alaska Native –<br>specify tribe | 1705 Asian 1702 3                                                                  | Black or African 170<br>American                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Native Hawaiian<br>Other Pacific Isla          | or 1701 White             |
|                    | 311                                                    |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                           |
| 19. In 2006        | 6, how many operators (                                | individuals) were involved                                                         | in the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Total Number                                   | Women                     |
| day-to-<br>operate | day decisions for this or<br>ors and the number of w   | peration? Enter the number<br>omen operators, (Exclude<br>ed manager or family mer | F Of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | of Operators                                   | Operators<br>1574         |
|                    | of Operator                                            |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4.                                             |                           |
| 20. Has the        | operator named on the                                  | label sold, rented, or turn                                                        | ed over this operation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | n to someone else?                             | J.B.                      |
| 1086               | Yes Go to item 21                                      |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (D)                                            |                           |
| 3\                 | No - Go to item 22                                     |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | $\mathcal{A}$                                  | FILED F                   |
| 21. Pleane         | provide the following info                             | ormation for the operation                                                         | that has taken over t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | the land of JA                                 | N 2 3 2007                |
|                    | peration Name (Please Print)                           |                                                                                    | 1089 Operator Nan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | W85                                            | lev Smith Plan /          |
| L                  | 5 M                                                    | ·                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Sear Sear                                      | By Co., Arkansas          |
| 1090 A             | idress                                                 |                                                                                    | 1091 City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | THE YOU                                        |                           |
|                    | 9,                                                     |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 707-                                           | 9, 9                      |
| . 1092 Si          | Zip Code                                               | 1095 Area Coo                                                                      | le and Phone Manger                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                |                           |
| Possible           | Duplication                                            |                                                                                    | r<br>Sistematical desiration of the control of the con |                                                |                           |
|                    | •                                                      | ve duplication on our list o                                                       | of farms and ranches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | le it possible the infor                       | mation                    |
| . On uns t         | orm would be reported to                               | y another operation or un                                                          | der another name or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | address?                                       | madorr                    |
| 1080 1             | Yes - Please provide                                   | e the name and address b                                                           | elow 35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | No                                             |                           |
| 1081: Op           | eration Name (Please Print)                            |                                                                                    | 1087 Operator Nam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | • 1                                            | 7                         |
| <u> </u>           | 5                                                      |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                | <u> </u>                  |
| 1082 Ad            | dress _ 1                                              |                                                                                    | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1                                              |                           |
| 4000               |                                                        |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                           |
| 1083 Cit           | 5.21                                                   | 5                                                                                  | The                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1084 Store 1085                                | Zip Code                  |
|                    |                                                        | Thank you for yo                                                                   | our cooperatio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>n.</b> ,                                    |                           |
| A wide v           | variety of agricultural seck out the NASS repo         | statistics is available fro                                                        | m the National Agr<br>services on the Int                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | icultural Statistics Se<br>ternet at www.nass. | rvice (NASS).<br>usda.gov |
|                    |                                                        | ur toll-free number at 1                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                | · -                       |
| Completed By:      | ref                                                    |                                                                                    | 1093 Area Code an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | rd Phone Mimber                                | Date                      |
|                    | U                                                      |                                                                                    | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                | 316                       |
| <del></del>        |                                                        |                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                |                           |

AIS-01 (11/14/06)





|                                                        | VOLU                                | NTARY SIG                              | N-UP FORM                                         |                                          |
|--------------------------------------------------------|-------------------------------------|----------------------------------------|---------------------------------------------------|------------------------------------------|
|                                                        | Arkon                               | sae Pramicas                           | Identification                                    |                                          |
| Annual Se System                                       | # 14                                | amed to                                | the United                                        | States of ameri                          |
| Ark, Livestock & Poultry Comm.                         | not                                 | to intrim                              | inate                                             | lesetter know                            |
| Business/Farm Acc                                      | ount Ir form                        | atjon:                                 | as 5th                                            |                                          |
| Business/Farm Name:                                    | 54                                  | <i></i>                                |                                                   | 11 12 /                                  |
| Primary Contact:                                       | irst name                           | Middle name L                          | Lasi name                                         | FILED                                    |
| Secondary Contact:                                     | 511                                 | 5 11                                   | 5-11                                              | JAN 2 3 2007                             |
|                                                        | irs, name                           | Middle name                            | , Lasi nome                                       | Wesley Smith, Clerk                      |
| POST                                                   | Address:                            | Je                                     | rry F. Kirk, Sui Juris                            | Searcy Co., Arbansas                     |
| City:                                                  | State.                              | Sec                                    | tion 19. Township                                 | Rance 17 W                               |
| Phone number:                                          | ; ;<br>*.                           | Non                                    | -Resident Non-Domos                               |                                          |
| Phone number:                                          | *                                   |                                        | TO TO, DRIE JACK                                  | *                                        |
| Phone number:                                          |                                     | Unit                                   | s Springs, Arkansas Re<br>ed States of America    | public ''                                |
| E-mail address:                                        | the state outside a relativishing   |                                        | -                                                 | 1,1                                      |
|                                                        | 4                                   |                                        | · seems age,                                      | · · · · · · · · · · · · · · · · · · ·    |
| Business Type: 5 Indianoction (check one)              | ividual = Parm<br>inted Liability P | ership 🗆 Incorpora<br>armership 🗅 Non- | nted   Limited Liability  profit Organization     | y Corporation                            |
| Operation Type: Type (check all that apply)            | ducer Unit/Fam<br>n-producer Parti  | n a Clinie e Exh<br>icipant a Renderi  | ibition © Laboratory :<br>ing © Slaughter plant : | Markev collection point     Tagging site |
| Premises Information (Primary location where il-restoc | DA:<br>k resides, if more the       | n one location fast min                | als are managed separately, aç                    | p;'y for maluple premises (O's)          |
| Premises name/description                              | on:                                 | 5                                      | (схату                                            | ele "home place", "heifer place")        |
| Premises Address: Must                                 | be a 911 addre                      | ss. Check if same                      | as business/farm acco                             | unt mailing address                      |
| OR (if not the same as business                        |                                     |                                        |                                                   | 11                                       |
| 911 Premises Address: '                                | - do                                | not hav                                | Gwant, or                                         | vallow                                   |
| City:                                                  | State:                              | Zip:                                   |                                                   | County:                                  |

(Contact information will not be sold or given out by ALPC or NAIS without your prior written consent)

| (B) [-page 12 of 12                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Premises Type: Producer Unit/Farm Climic & Exhibition Clasporatory Market/collection point (check all that apply) Duarantine Facility & Rendering Claughter plant  |
| Species at Premises: Beef Cattle Dairy Cante Birty a Swing To Blace Greats of Equine (check all that apply)  Soultry of Deer and Elk of Llama of English           |
| Additional Secondary Premises Information (optional):                                                                                                              |
| Premises name/description:                                                                                                                                         |
| 911 Premises Address: State: Zip: County: 5                                                                                                                        |
| City: State: Zip: State:                                                                                                                                           |
| Premises Type: Problem Unit/Farm Clinic Sexhibition Deborator of Market/collection point (check all that apply) Divarantine Facility Seendering of Slaughter plant |
| Species at Premises.    Beef Chile   Dajor Lattle   Bison   Design   Goats   Equine                                                                                |
| Producer/Contact Signature: Date: FILED                                                                                                                            |
| JAN 2 3 2007 C. Wasley Smith Clark                                                                                                                                 |
| FOR OFFICE USE ONLY                                                                                                                                                |
| User Name: (minimum of 8 characters)                                                                                                                               |
| Password: (minimum of 8 characters)  Account #: 5 Premise ID #: 5                                                                                                  |
|                                                                                                                                                                    |

Return forms to: AR Livestock & Poultry Commission, #1 Natural Resources Drive, P. O. Box 8505, Little Rock, AR 72215
Website: www.artpc.org For questions, contact ALPC support: Phone: 501-967-2400 or e-mail: info@artpc.org
Fax: 501-907-2425

If you have more than two premises (unimal locations), please request additional sheets

SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. Also complete A. Signature item 4 if Restricted Delivery is desired. ☐ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) Attach this card to the back of the mailpiece, Pate of Delivery or on the front if space permits. 29/0 D. Is delivery address different from item 1? Article Addressed to: If YES, enter delivery address below: □ No 3. Service Type Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2510 0006 4319 4631 7004 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. A. Signature ☐ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. Received by (Printed Name) Attach this card to the back of the mailplece, C. Date of Delivery or on the front if space permits. ~26=07 D. Is delivery address different from item 1? 1. Article Addressed to: ☐ Yes If YES, enter delivery address below: □ No Service Type ☑ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise 72201 Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 7004 2510 0006 4319 4655 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. A. Signature **X**HE WHITE HOUSE □ Agent Print your name and address on the reverse OF PLOPAddressee so that we can return the card to you. H. Received by Frinted Nature) (T. T. M.) DA(NO) Spolinery Attach this card to the back of the mailplece, or on the front if space permits. D. Is delivery address different from item 1? If YES, enter delivery address below: ☐ No 3. Service Type Certified Mail D Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 7004 2510 0006 4319 4624

Domestic Return Receipt

PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY ■ Complete items 1, 2, and 3. Also complete A. Signature Item 4 if Restricted Delivery is desired. ☐ Agent X Print your name and address on the reverse ☐ Addressee Demetrius R. Nichele so that we can return the card to you. B. Received by ( Printed Name) Attach this card to the back of the mailplece, Date of Delivery or on the front if space permits. 2.6 D. Is delivery address different from item 17 ☐ Yes If YES, enter delivery address below: □ No Service Type Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail □ C.O.D. 47/32 4. Restricted Delivery? (Extra Fee) ☐ Yes 7004 2510 0006 4319 4648 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. ☐ Addressee Attach this card to the back of the mailplece, Printed Name Date of Delivery or on the front if space permits, 50W D. Is delivery address different from item 1? 1. Article Addressed to: ☐ Yes If YES, enter delivery address below: 3. Service Type Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ insured Mail □ C.O.D. 72213 4. Restricted Delivery? (Extra Fee) ☐ Yes 7004 2510 0006 4319 4662 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540 Maria Land UNITED STATES POSTAL SERVICE HI JAN JUNE PR Sender: Please print your name, address, and ZIP+4 in this box Jerry F. Kirk, Sui Juris Calf Creek Township Section 19, Township 14 N., Range 17 W. Searcy County, Arkansas Non-Resident, Non-Domestic Delivery c/o HC 75, Box 267 Witts Springs, Arkansas Republic United States of America

SENDER: COMPLETE THIS SECTION



U.S. Department of Homeland Security 16825 S. Seton Avenue Emmitsburg, MD 21727-8998

October 11, 2005

# Dear Applicant:

Thank you for your correspondence with the Independent Study Program (ISP) of the Federal Emergency Management Agency (FEMA), which was incorporated into the Department of Homeland Security. I am writing in response to your letter in which you conveyed your decision not to supply your Social Security Number (SNN). I regret to inform you that we cannot process your request for training materials without this information, or some other proof of citizenship.

The purpose for using the SSN is to determine U.S. citizenship and to track your participation in this program3All of your information is maintained in a secure government database system. This is necessary to minimize cost and remain within our guidelines to train "nationals" in emergency management. Since foreign nationals and illegal aliens do not have a SSN, this is our chosen mechanism to verify U.S. citizenship.

I hope this explanation helps you understand our motives for requesting the SSN. If you still have reservations about the use of your SSN, but wish to participate in our program, we can assign your account a tracking number after you provide proof of your U.S. citizenship. Please forward proof of / citizenship, along with another application to the address above, and we will gladly process your request for training materials.

Thank you for your interest in the Independent Study Program and good luck with your future studies.

Sincerely,

Consolver The Live !

Independent Study Program

VASM:ds

Dest Applicant

**从1**50年的6年第二日,19

The Holy Carle Comment of the Carle Carle Comment of the Comment of the Carle Comment of the Carle Comment of the Carle containment par face in a little and appropriate TO SEE THE COURT SAN THE SEE THAT THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF

· made Lat Baltimatica and Later (1919) (1919) (1918)

THE CONTRACTOR OF THE PROPERTY OF THE PROPERTY

Plumperorae for oans to have in

李朝孝は 表示を明になれたがに

Himballand Brownitt, I be made

(B-16)

Notes on FEMA - Independent Study Program(see letter on previous page)!

- 1) 'to determine U.S. citizenship' is to determine the jurisdiction.
- 2) 'to track' the <u>control</u> to 'force one into' the 'buy and sell' clause in Revelations 13:17.
- 3) 'information...secure government database system' is the computer which tells the 'seller' whether or not they can sell to you.
- 4) 'nationals in emergency' is what you will be 'in' when THE CHRIST speaks judgement for using the number, mark, or name of the beast!
- 5) 'this is our chosen mechanism' is what you are doing when you participate in U.S. Citizenship(jurisdiction). I wonder if those participatents are handed a 'joker-card' about this subject when they enter 'the lake-of-fire'?
- 6) 'Please forward proof of citizenship' allows the reader to realize that there are other ways to get the 'joker-card'!
- 7) 'Since foreign national...do not have a SSN,' does not mean that I am a 'foreign national', as I am only 'foreign' to them since I am 'only an attempting servant of THE LORD'! Would not like to ALLOW them to put words in my mouth!