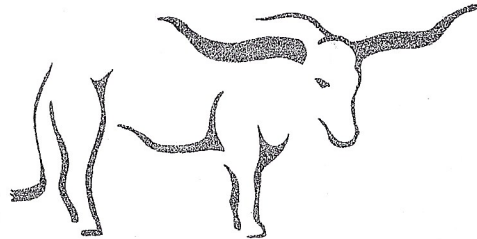


NAPOLEON LIVESTOCK



SALE EVERY THURSDAY

CERTIFICATE OF VACCINATION

NAME: _____

PHONE: _____

ADDRESS: _____

CELL: _____

SHOTS @ BIRTH:

DATE: _____

SPRING SHOTS (BRANDING):

DATE: _____

FALL SHOTS (WEANING):

DATE: _____

COMMENTS:

OF LIVESTOCK _____

STEERS _____

HEIFERS _____