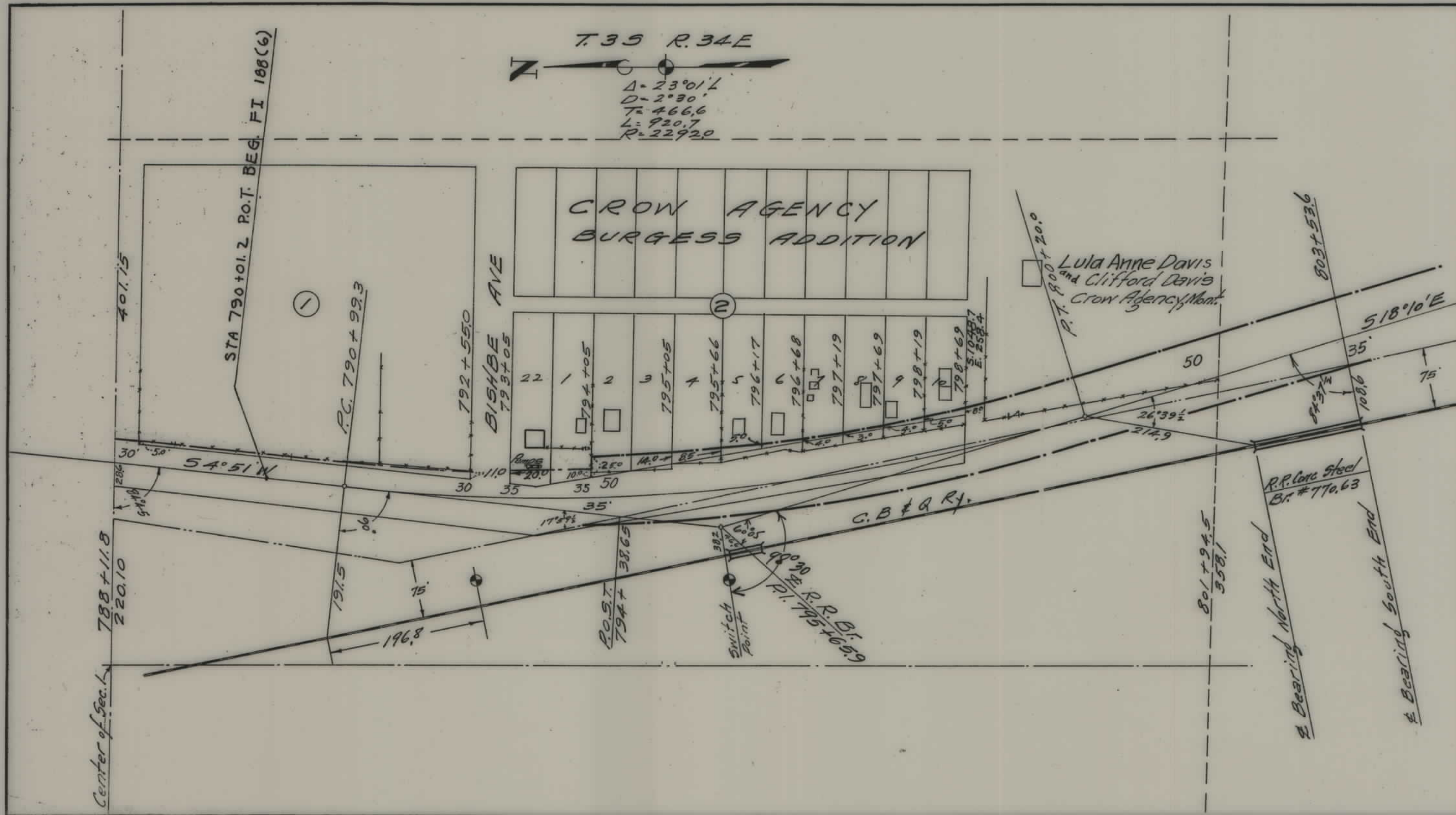


PLANS
NOT
TO
SCALE



FED. ROAD DIST. NO.	STATE	FED. AID PROJ. NO.	FISCAL YEAR	SHEET No.	TOTAL SHEETS
1	MONT.	F.I. 188(6)		1	2

OWNERSHIP BURGESS ADD.			
LOTS	BLK.	NAME	ADDRESS
All	1	The American Baptist Home Mission Society	2 C.A. Bentley, Crow Agency
5, 6, 9	2	" " " "	" " " "
1, 2, 2	2	George Malzahn	971 Gower St. Hollywood, Cal.
2, 3, 4	2	Dorothy Shane, Heir of Mrs. Julia Shane Est.	Crow Agency, Mont.
7	2	Clifford Takes Horse	" " "
10	2	Howell Hoops	" " "

STATE OF MONTANA
STATE HIGHWAY COMMISSION
PLAT SHOWING LAND
REQUIRED FOR RIGHT OF WAY
BIGHORN COUNTY

SCALE 1"=100' MAP COMPLETED _____
DESCRIPTIONS WRITTEN BY E.O.P. DATE 12-12-41
DESCRIPTIONS CHECKED BY C.K.D. DATE "
APPROVED BY _____ PLANS DEPT.
APPROVED BY _____ R/W ENGINEER

FED. ROAD DIST. NO.	STATE	FED. AID	FISCAL YEAR	SHEET NO.	TOTAL SHEETS
1	MONT.	F.I. 188 (6)		2	2

DEPARTMENT OF THE INTERIOR
United States Indian Service, Crow Agency

APPROVED, as shown hereon subject to the provisions of the Act of March 4, 1915 (38 Stat. L. 1188) and departmental regulations thereunder, and subject also to any prior valid existing rights and adverse claims. This approval covers only Indian trust allotments and other lands under the jurisdiction of the Secretary of the Interior.

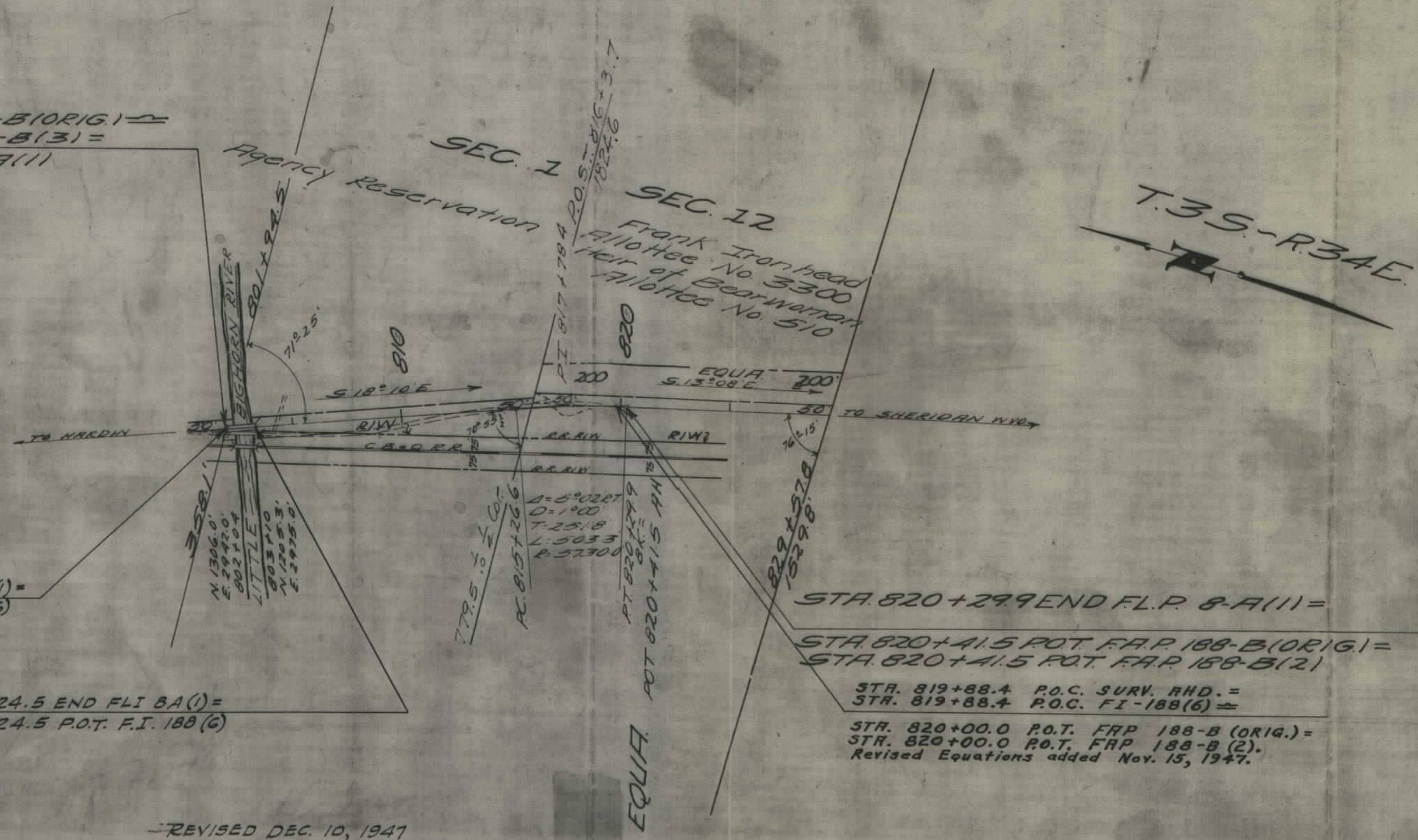
January 17, 1942
Date

[Signature]
SUPERINTENDENT

STA. 801+85.0 P.O.T. F.A.P. 188-B (ORIG.) =
STA. 801+94.5 END F.A.P. 188-B (3) =
STA. 801+94.5 BEG. F.L.P. 8-A (1)

STA. 801+94.5 BEG. F.L.I. 8-A (1) =
STA. 801+94.5 P.O.T. F.I. 188 (6)

STA. 803+24.5 END F.L.I. 8-A (1) =
STA. 803+24.5 P.O.T. F.I. 188 (6)



STA. 820+29.9 END F.L.P. 8-A (1) =

STA. 820+41.5 P.O.T. F.A.P. 188-B (ORIG.) =
STA. 820+41.5 P.O.T. F.A.P. 188-B (2)

STA. 819+88.4 P.O.C. SURV. RHD. =
STA. 819+88.4 P.O.C. F.I. 188 (6) =

STA. 820+00.0 P.O.T. F.A.P. 188-B (ORIG.) =
STA. 820+00.0 P.O.T. F.A.P. 188-B (2).
Revised Equations added Nov. 15, 1947.

REVISED DEC. 10, 1947

STATE OF MONTANA
STATE HIGHWAY COMMISSION
PLAT SHOWING LAND
REQUIRED FOR RIGHT OF WAY
BIGHORN COUNTY

SCALE 1" = 400' MAP COMPLETED _____

DESCRIPTIONS WRITTEN BY _____ DATE _____

DESCRIPTIONS CHECKED BY _____ DATE _____

APPROVED BY _____ PLANS DEPT. _____

APPROVED BY _____ P.W. ENGINEER _____