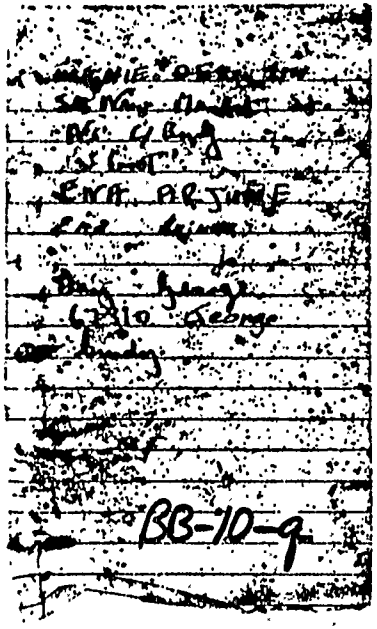
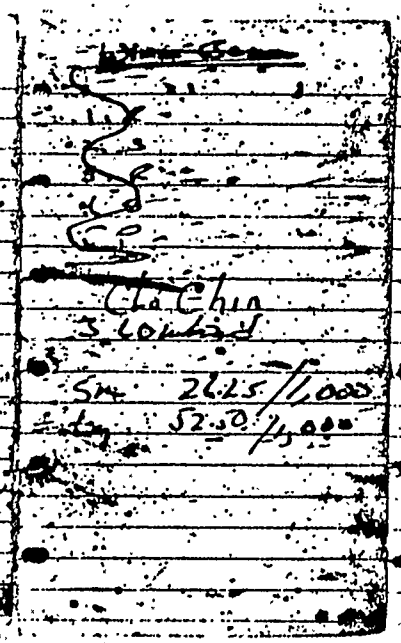
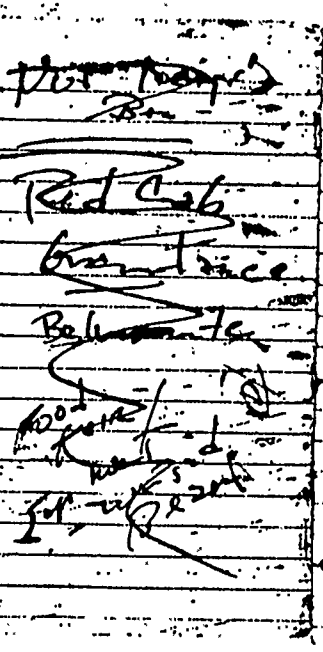
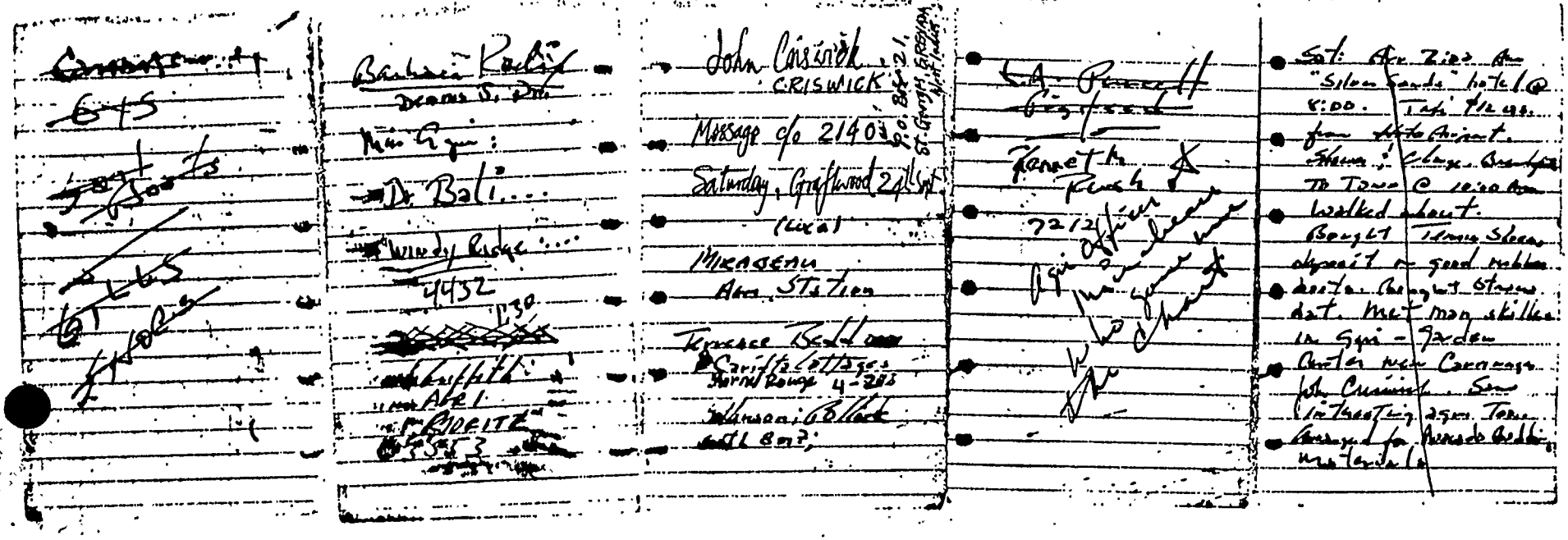


Equip't Ship

1. Ranch Irrigation System
2. Chisken rota-tiller







V@ Telfer

Irwin

To Do Monday

Tel:

1. [illegible]

2. [illegible]

3. Training Builders O.

[illegible]

1. get

2. Put up [illegible]

3. Buy [illegible]

Cassava Proj

$$\frac{25}{12 \,|\, 300}$$

$$\frac{24}{60}$$

25 Acre month

cut 9 wo [illegible]

25

[illegible] @ -

fallow [illegible] 60+30

50 - Cassava 9 [illegible]

[illegible] - 3

12/90

[illegible] Beds, 2 Rows

24" apart

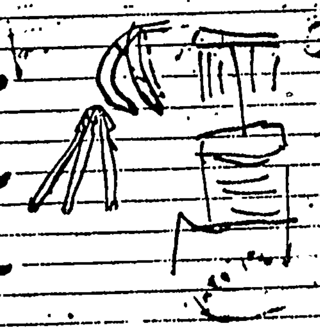
Soil Prep

Cassava Proj

1. Clean & [illegible]
2. Go w/ [illegible]
3. Add shell 4T/A, Add Organic [illegible]
4. Rotary Plow
5. plant
6. 30 dys - Cultivate
7. 60 dys - Cultivate & [illegible]
8. 50 days - hand weed 1 Time

[illegible] - Cutters

- plane on wagon
- [illegible] with [illegible]
- [illegible] Steel [illegible]
- [illegible] front 4 [illegible]
- [illegible] to wagon



DONALD H. FREEMAN
ATTORNEY AT LAW
EL CAMINO DEL RIO SOUTH
SAN DIEGO, CALIFORNIA 92108
(Mission Center Road, Interstate 8)
AREA CODE 714

MEDICAL CERTIFICATE

See Reverse Side

I certify that I have examined Eugene Chaikin
Driver's License No. B620458
in accordance with the Medical Standards for a Class 1 or Class 2 license as set forth in Chapter 1, Title 13 of the California Administrative Code and find that the above-named driver meets said standards.

Date of Examination 15 Aug 1975

DL-51A

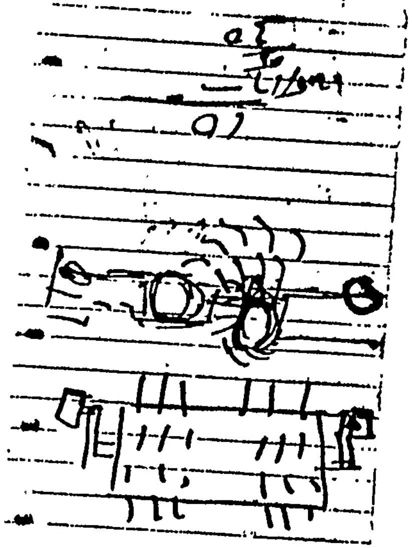
This Medical Certificate is valid for two years from the date of examination as shown on the other side of this Certificate.

Certificate is valid only when signed below by licensee.

Eugene Bernard Chaikin
SIGNATURE OF LICENSEE

THIS IS NOT A LICENSE

(REV. 6-72)



Louis Campbell
Crittenden Dev.
Bank
Barbados

Blue Cross
of Northern California

1950 Franklin Street, Oakland, California 94659

IDENTIFICATION CARD of subscriber and enrolled family members

SUBSCRIBER'S NAME	EFFECTIVE DATE
CHAIKIN PHYLLIS	1-01-77

IDENTIFICATION NO.	GROUP OR ACCOUNT NO	COVERAGE
565-50-8887	2-29345	6840

GROUP OR ACCOUNT NAME
ST. MARY'S HOSPITAL & MED.CENTER

THIS SUMMARY DOES NOT ALTER ATTACHED CONTRACT

NO DUPLICATION OF GROUP COVERAGE.

HOSPITAL 100 DAYS, 2-BED ROOM. AVERAGE 2BED TOWARD HIGHER ROOM. OTHER HOSPITAL SERVICES, SPECIAL UNITS PAID. DEDUCT CALIFORNIA DISABILITY PAYMENT.
DR HOSP CALLS TO $15 FIRST DAY, THEN $5 PER DAY. SURGEON, ASSIST, ANESTHETIST, XRAY THERAPY, 1964 RVS $7 UNIT. DR OFFICE $9 PER CALL AFTER ONE VISIT.
XRAY/LAB FOR EMPLOYEE TO $ 75%
ADDED ACCIDENT BENEFIT TO $300.
MATERNITY CARE SEE CONTRACT.
MAJOR MEDICAL 80 PCT AFTER $100 ANNUAL DEDUCT FOR FIRST $2500, THEN AT 100 PCT IN EACH CAL YR.
PRESCRIPTION DRUGS 90 PERCENT.
DENTAL & VISION SEE CONTRACT.

Blue Cross
of Northern California

1950 Franklin Street, Oakland, California 94659

IDENTIFICATION CARD of subscriber and enrolled family members

SUBSCRIBER'S NAME	EFFECTIVE DATE
CHAIKIN EUGENE B.	3-15-77

IDENTIFICATION NO.	GROUP OR ACCOUNT NO.	COVERAGE
566-40-0602	2-19052	1330

GROUP OR ACCOUNT NAME
VALLEY ENTERPRISES

THIS SUMMARY DOES NOT ALTER ATTACHED CONTRACT

NO DUPLICATION OF GROUP COVERAGE.

HOSPITAL 100 DAYS, 2-BED ROOM. AVERAGE 2BED TOWARD HIGHER ROOM. OTHER HOSPITAL SERVICES, SPECIAL UNITS PAID. AMBULANCE TO $ 50. SKILLED NURSING FACILITY COVERED.

DR HOSP CALLS TO $21 FIRST DAY, THEN $7 PER DAY. SURGEON, ASSIST, ANESTHETIST, XRAY THERAPY, 1964 RVS $7 UNIT.

XRAY/LAB TO $100.
ADDED ACCIDENT BENEFIT TO $300.
MATERNITY CARE SEE CONTRACT.
MAJOR MEDICAL 80 PERCENT AFTER $100 ANNUAL DEDUCTIBLE FOR FIRST $3000, 100 PERCENT THEREAFTER IN EACH CALENDAR YEAR.

CALIFORNIA DRIVER LICENSE

BANK OF AMERICA

Fredric St Newton, M.D.
Neurology
2211 POST STREET-SUITE 901
SAN FRANCISCO, CALIFORNIA 94115
(415) 563-

APPOINTMENT AT 1:30 O'CLOCK

CHAIKIN EUGENE BERNARD
DBA CRESCENT REALTY
515 HAYES ST
SAN FRANCISCO CA 94102

L409639

Blue Cross
of Northern California

1950 Franklin Street, Oakland, California 94659

IDENTIFICATION CARD of subscriber and enrolled family members

SUBSCRIBER'S NAME	EFFECTIVE DATE
CHAIKIN PHYLLIS	5-01-77

IDENTIFICATION NO.	GROUP OR ACCOUNT NO.	COVERAGE
565-50-8887	2-28959	6840

GROUP OR ACCOUNT NAME
ST. MARY'S HOSPITAL & MED. CENTER

THIS SUMMARY DOES NOT ALTER ATTACHED CONTRACT

NO DUPLICATION OF GROUP COVERAGE.

HOSPITAL 100 DAYS, 2-BED ROOM. AVERAGE 2BED TOWARD HIGHER ROOM. OTHER HOSPITAL SERVICES, SPECIAL UNITS PAID. DEDUCT CALIFORNIA DISABILITY PAYMENT.
DR HOSP CALLS TO $15 FIRST DAY, THEN $5 PER DAY. SURGEON, ASSIST, ANESTHETIST, XRAY THERAPY, 1964 RVS $7 UNIT. DR OFFICE $9 PER CALL AFTER ONE VISIT.
XRAY/LAB FOR EMPLOYEE TO $ 75%
ADDED ACCIDENT BENEFIT TO $300.
MATERNITY CARE SEE CONTRACT.
MAJOR MEDICAL 80 PCT AFTER $100 ANNUAL DEDUCT FOR FIRST $2500, THEN AT 100 PCT IN EACH CAL YR.
PRESCRIPTION DRUGS 90 PERCENT.
DENTAL & VISION SEE CONTRACT.

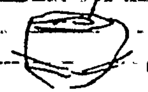
(1) [illegible] Rush
Kenneth [illegible]
[illegible]
[illegible] Street
[illegible], W.I.

[illegible] Thrusts
for see [illegible]
wet

Mango Keith
KEITT

Tomato
PINTO
Red Kidney
Round [illegible] Squash
Long green Squash
[illegible]
" [illegible]

AVOCADO
(1) Cut off front 1/3
base of seed



Treat seed w/ fungicide

2. Cut slightly
[illegible]

3. Graft 4 weeks
Wedge graft

Tie with planting [illegible] / planting / Keep cool

for Corn Seed

Dr. E.W. Sprague
Director
Centro Internacional de
Mejoramiento de Maiz
y Trigo
Apartado Postal 6-641
Mexico 6, D.F. Mexico

[illegible] Ken
[illegible]
[illegible]

CASH BILL

The Fancy Store

JOHN JOHNSON

Halifax Street, St. George's

For Better Values in Novelties, Dress materials try us today

Phone 2655

Name | Date

1	Water-boots	27	95
2	PR. Socks		
	@ 3.25	6	50
		34	45
	By Cash	10	00
	Bal.	$24	45

№ 503

[illegible]

Always show your P.O. Box No. and ZIP Code in your return address 153
SEE REGULATIONS ON REVERSE — ORIGINAL

RECEIVED BOX RENT FROM (Name of patron): Eugene B Chaikin
AMOUNT: $ 14

BOX NO.: 15156
FOR THE PERIOD ENDING (Date): [illegible]

POSTMASTER BY: [illegible]

PS FORM 1538 BOX RENT RECEIPT

SAN FRANCISCO CA ... 1977 ...

NAACP 1976

Eugene Chaikin
P.O. Box 15156
San Francisco, Ca.

MEMBER
Expires: 11/77 $4.00
Treasurer

MEMBERSHIP NUMBER 030845
ACTIVE MEMBER

EUGENE B CHAIKIN
P O BOX 15156
SAN FRANCISCO CA 94115

NOTES

Cornelius Williams
Lower Don Miguel Rd.
San Juan,

PEOPLES TEMPLE CHRISTIAN CHURCH
of the Nationwide DISCIPLES of CHRIST Denomination
REV. JIM JONES,
FOUNDER and PASTOR
Michael J. Prokes
Associate Minister
SAN FRANCISCO HEADQUARTERS
1859 Geary Boulevard - P.O. Box 15023
San Francisco, California 94115
Phone (415) 931-9107 / (415) 922-6418
A Multi-Racial Inter-Faith Human Service Ministry

NOTES

Mrs. Jean [illegible]
c/o [illegible]
26 Fairley St
Tunapuna

NOTES

REGULATIONS REGARDING COLLECTION OF BOX RENT

Collections shall be made before the beginning of a calendar quarter for the entire quarter(s) or in advance for the current fiscal year. Box patrons and agencies of the Federal Government are permitted to pay rental on post office boxes in advance for the following periods: quarterly, for the balance of the current fiscal year, any number of consecutive quarters within the fiscal year, annually [illegible] for the remaining portion of the fiscal year.

A box will be closed and offered for rent to another person if rent is not paid by the due date. Mail, unless deliverable by carrier, will be held at the facility where the box is located for the required retention periods, or on request of the boxholder, sent to general delivery at the main office. In either case, mail not called for within 10 days shall be suitably endorsed and returned to sender.

The N.A.A.C.P.

ITS PURPOSES

1. To eliminate racial discrimination and segregation from all aspects of public life in America.
2. To secure a free ballot for every qualified American citizen.
3. To seek justice in the courts.
4. To secure legislation banning discrimination and segregation.
5. To secure equal job opportunities based upon individual merit without regard to race, religion or national origin.
6. To end mob violence and police brutality.

National Office: 1790 Broadway • New York, N.Y. 10019

This certifies that the person whose name appears on the reverse side hereof has paid the fee required by statute for the year

1977

THE STATE BAR OF CALIFORNIA

Only active members are entitled to practice law

(See reverse side)

Eugene [illegible] — Member's Signature

John S. Malone — Secretary and Executive Director

NOTES

Cornelius Williams
Lower Don Miguel Rd.
San Juan,

6667787 mike Roos home 916 322-5287
Ken ORDUÑA
213-934-2404 · Home
747-7451 OFF
733-0027
mow 6202297

NOTES

Mrs Jean [illegible]
c/o Miamoi
20 Fainty St
[illegible]unapuna

NOTES

CURRENCY DECLARATION

By Travellers Entering/Leaving Guyana
(See Instructions on Reverse Side)

SECTION I (In-coming Passengers) 132966

Surname (Capital Letters) CHAIKIN	First Name [illegible]	Amount of Currency
Address (No. St., City & Country) LOT [illegible] LAMAHA GARDENS Georgetown		A. Guyana Currency [illegible]
Passport No. D 588835	Country of Issue USA	B. Other Currency Notes (Specify) [illegible] 1.00 / [illegible] 400.00
I hereby declare that I have on my person and/or in my baggage at the time of my arrival in Guyana currency as indicated in the adjoining table and that this information is true and correct.		C. Travellers Cheques
27-9-77 Date	[signature] Signature	D. Drafts
		E. Other

SECTION II (For Official Use Only)

CERTIFICATE

Certified correct (in respect of items A—E of Section I above)

Date .... Capacity of Immigration Officer ....

Signature

SECTION III (Out-going Passengers)

Surname (Capital Letters)	First Name	Amount of Currency
Address (No. St., City & Country)		A. Guyana Currency
Passport No.	Country of Issue	B. Other Currency Notes (Specify)
I hereby declare that I am taking out of Guyana on my person and/or in my baggage currency as indicated in the adjoining table and that this information is true and correct.		C. Travellers Cheques
Date	Signature	D. Drafts
		E. Other

1.

2.