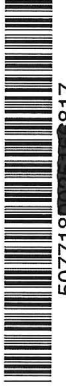


Mississippi EBT Disaster SNAP Card Log

BOX NUMBER 2012-01 SLEEVE NUMBER 1 START DATE _____ END DATE _____ LOCATION _____

SEQ #	SIGNATURE OF RECIPIENT	BAR CODE / 16-DIGIT CARD #	BAR CODE / 16-DIGIT CARD #	NAME OF RECIPIENT	ISSUANCE STAFF	
					Initials	Date
001		 5077180225108783	 5077180225108783			
002		 5077180225108791	 5077180225108791			
003		 5077180225108809	 5077180225108809			
004		 5077180225108817	 5077180225108817			
005		 5077180225108825	 5077180225108825			
006		 5077180225108833	 5077180225108833			
007		 5077180225108841	 5077180225108841			
008		 5077180225108858	 5077180225108858			
009		 5077180225108866	 5077180225108866			
010		 5077180225108874	 5077180225108874			

Signature of MDHS Card Verifier/Receiver #1: _____ Date: _____

Signature of MDHS Card Verifier/Receiver #2: _____ Date: _____

Signature of MDHS Card Issuer(s): _____ Date: _____