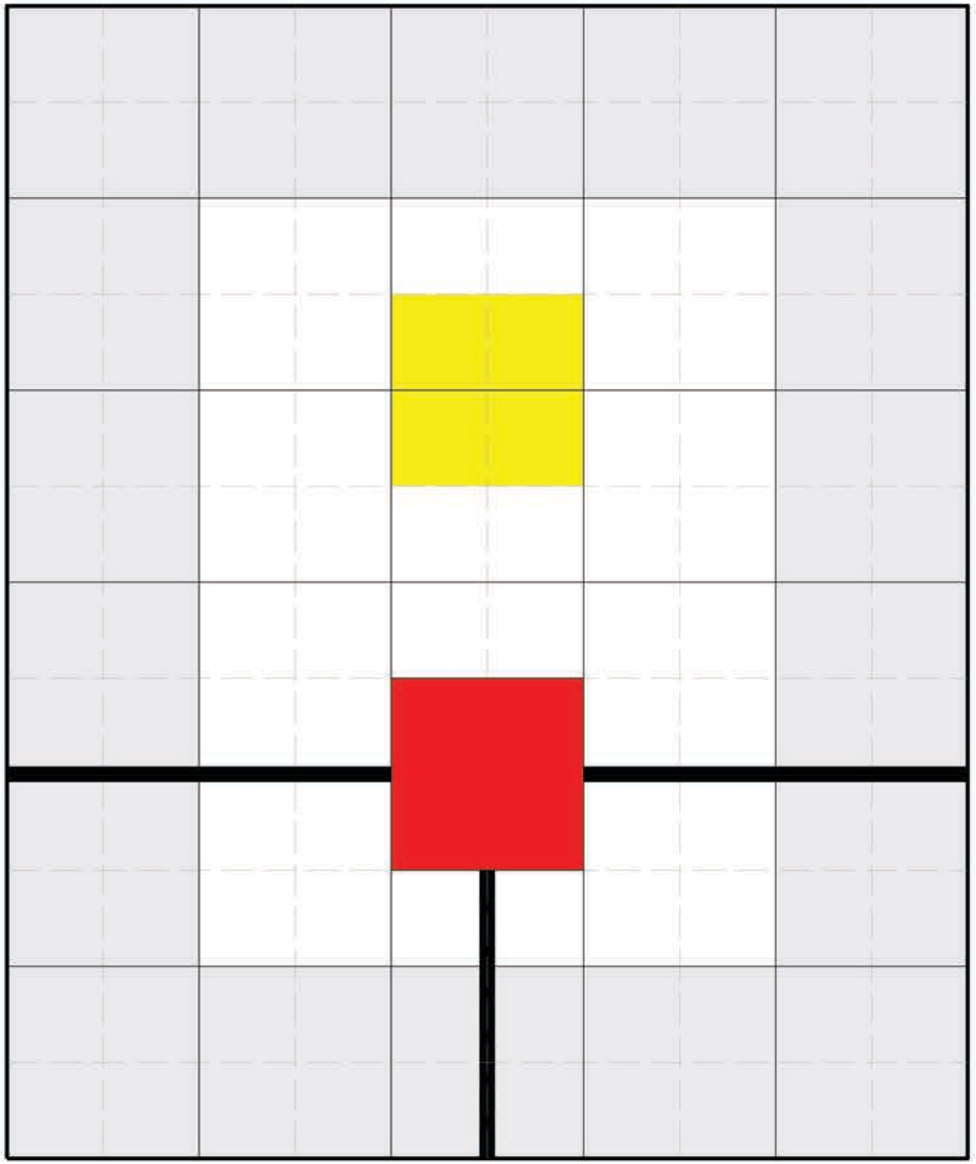


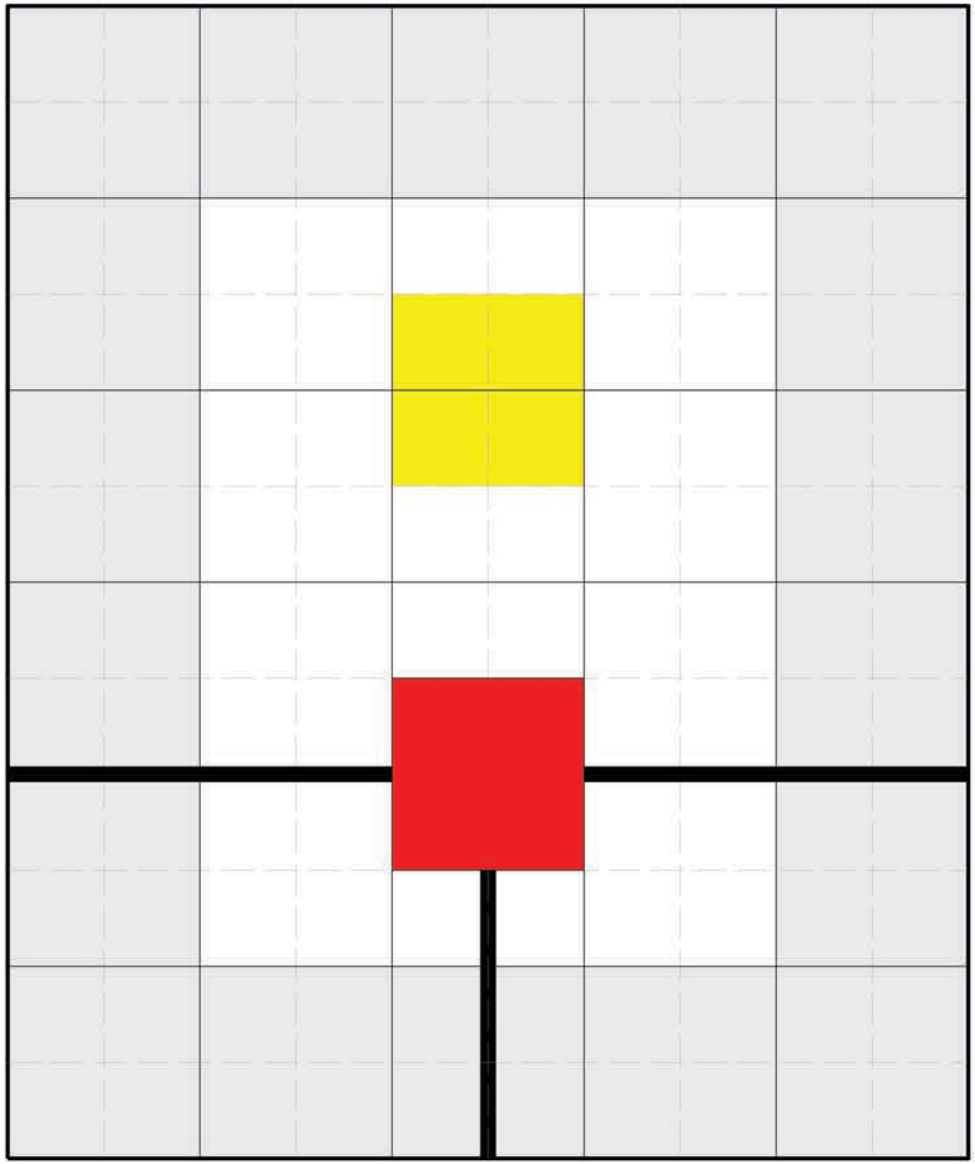
DATE:_____ TEMP:_____ BRASS:_____

RIFLE:_____ PRIMER:_____

CALIBER:_____ POWDER:_____

DISTANCE:_____ BULLET:_____

AVE. VEL.:_____ SEATING:_____



DATE:_____ TEMP:_____ BRASS:_____

RIFLE:_____ PRIMER:_____

CALIBER:_____ POWDER:_____

DISTANCE:_____ BULLET:_____

AVE. VEL.:_____ SEATING:_____