APPLICANT'S RECEIPT: Da	te
Received the sum of forty cents in payment of fee for Kansas operator's license.	
Nº 16- 2387 Forrest C. Allen	Refer to serial number and name if necessary to write the department regarding this application. Address all corre-
Name 801 La.	spondence to C. M. Voelker, Supt., Vehicle Dept., Topeka, Kansas.
(St. or R. F. D.)	C. M. VOELKER, Supt., Vehicle Department,
(Chyawrence Kans. (State) By	Nehicle Department, State Highway Commission. Caure Commission.
Driver & Ticonto Romacontatino	