## STATE OF OKLAHOMA

## MICROFORM/OPTICAL DISK IDENTIFICATION DECLARATION

## **OPERATOR TARGET**

FERATOR TARGET
ed/captured by me on : Microform
Optical Disk
Filmed/Captured
Name of Cameral Operator (Please type or print)
Address of Agency or Firm who filmed/continued the decuments listed on the
Address of Agency or Firm who filmed/captured the documents listed on the preceding target.
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