

MONTANA HISTORICAL SOCIETY

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ORAL HISTORY PROGRAM

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Restrictions:

Date of Interview: *April 15, 2005*

Date of Agreement: *April 15, 2005*

Interviewee's Name (printed): *Dolores Barsanti*

Interviewee's Name (written): *Dolores Barsanti*

Interviewees Mailing Address:

(Street address)

*608 W. Daly
Walkerville, MT 59701*

(City)

(State)

(Zip)

Interviewer's Name (printed): *Cliff Rickey*
Cliff Rickey

We, Dolores Basante and Cliff Riskey,
(Person Interviewed) (Interviewer)

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Signed: X Dolores Basante 6086 Daly Address: (St.;Box)
(Person Interviewed)

City, State, Zip Walkerville MT 59714

Cliff Riskey Address: (St.;Box) 93 Blue Wing
(Interviewer)

City, State, Zip Walkerville MT 59701

(Date) 4/14/05

(City & State)

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(Person Interviewed) (Interviewer)

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Signed: _____ Address: (St.;Box)
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(Interviewer) Address: (St.;Box)

City, State, Zip

(Date)

(City & State)