Annual Crop Report Form

N/C Quest Inc.
Bio-Agtive™ Emissions Technology

CROP YEAR:_____ PAGE NO: _____

LICENSEE:_____ ADDRESS: _____

PHONE: _____CELL PHONE: _____FAX: _____EMAIL:_____

THIS ANNUAL CROP REPORT IS IMPORTANT. Please enter the following information for **EACH PARCEL** farmed, with **and without** the Bio-Agtive™ Emissions System.
Enter non-irrigated pivot corners separately on their own line. Use more than one page if necessary. **PLEASE MAIL, FAX TO 1.403.628-2100 or SCAN and EMAIL to acct@bioagtive.com** thank you.

Name of this Field or Parcel # and Legal Land Description and GSP coordinates OR Google Earth Latitude and Longitude	S. Zone brown dk. Brn. Black	Acres in this Parcel	Irrigated? YES or NO	CROP grown in this Parcel	Seeding Date	Harvest Date	DETAILS OF ALL PRODUCTS & TREATMENTS (starters, fertilizers, plant nutrients, fungicides, herbicides & pesticides) including rates and number of applications, and whether biological inorganic.	YIELD per acre Bu.? Tons?

What do you think of the crops grown using the BAE system? _____
_____
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