

# Golden Roundup

July 2012



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**The Roundup**

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**Darn Good  
Coffee**

**See page 12**

# Observations On The Aging Process From A Front Line Participant

## Easy As Pie



Lois Kerr

By Lois Kerr

Nothing tastes quite as scrumptious as a homemade pie, one with flaky, melt-in-your-mouth pastry and filled to bursting with some sort of fruit or custard filling. Pie smells delectable, makes one's mouth water just by looking at it, and usually a homemade pie, when placed on the dinner table, disappears in the blink of an eye.

I used to bake a lot of pie. I mixed the pastry, rolled it out, and fit it into an appropriate pie pan. I cut or sliced the fruit and added the necessary additional ingredients, or stirred up the custard or pudding filling and poured it into the crust, then either baked or chilled the pie as required.

It actually requires a lot of time and effort to produce a tasty, nice looking pie. The resulting messy counter top and assorted dishes require cleanup as well. When I consider that a pie vanishes in a fraction of the time it takes for people to consume a cake or other dessert, pies truly do consume a lot of time and energy.

So where does the phrase 'easy as pie' come from? My dad used to tell me that a certain task would be 'easy as pie'. Of course this was during my youth, before I baked pies of my own, so the phrase never seemed incongruous to me until I started to produce my own homemade pies. Even then, as a young adult I loved baking pies so the entire process had not yet become a chore for me.

However, when my dad proclaimed that something would be 'easy as pie', even in my youth and ignorance I learned to suspect that the task required more than the small amount of energy that my dad insinuated it would take.

With age comes knowledge, experience, and the certainty that not many tasks, including baking a pie itself, will be 'easy as pie'. Age for me brought increasing dissatisfaction with performing onerous chores, such as cleanup, and going to a lot of effort only to see the results of that effort disappear in a heartbeat. With the

passage of time, the prospects of producing a pie in the near future have become totally unattractive. So again, I ask, where does the phrase easy as pie come from? Pies are anything BUT easy to make. Most tasks are anything BUT easy, and the older I get, the stiffer my fingers become and the less patience I have to fiddle around in the kitchen (or anywhere else) cleaning up endless spills and cleanups caused by the act of baking a pie or attempting to do another chore.

The thought occurs to me that if I twist the phrase and interpret it in a different light, and perhaps add a word to better define the meaning, then something CAN be as easy as pie. If by 'easy as pie' someone means that something is as easy as EATING pie, then I can agree wholeheartedly that a task may be simple. However, if someone means a task is as easy as making and baking a pie, then look out. The task will be anything BUT easy, and something that perhaps I don't want to involve myself with. It also invariably means that the original task, such as baking a pie, inevitably leads to other tasks such as cleaning up the mess, washing the dishes needed to make and eat the pie itself, and the cleaning up of the empty pie plate.

Lawn mowing comes to mind when I consider how one chore inevitably leads to many many more. I love to mow lawn, but I dislike changing the oil, or removing the blades for sharpening. If I could just mow the lawn and that was the end of the job, I would have no problem with it. Same with baking a pie. If I only had to put it together and bake it, and an indentured servant would clean up the mess, cut the fruit, mix the pastry dough, and take care of the less pleasant aspects of producing a pie, I would make pie a lot more often.

Unfortunately indentured servants no longer exist so I guess I won't make very many pies.

The next time someone tells you that a certain job will be easy as pie, maybe you ought to ask them to elaborate just a little bit more and explain what he or she means by that term.

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# What You Don't Say

## Could Hurt Someone You Love



Staci Miller

By Staci Miller

There are certainly times in life when silence is indicative of brilliance. Everyone experiences those moments when the smart thing to do is leave some things unsaid. But planning for the distribution of an estate is not one of those times.

It is a surprising reality that every year the vast majority of adults who die in America die without having given proper attention to the final articulation of their wishes. Most have definite ideas about appropriate estate distribution, business dissolution, care and custody of minors – even charitable bequests and other manifestations of philanthropic desires. Many even share these specific ideas verbally with family and friends.

Yet, without careful attention to how these wishes are articulated in the Last Will and Testament it can be as if all those hopes and dreams never existed. And the result is often confusion, hurt and significant cost to family and loved ones.

### The Pitfall of Perfect Health

No one plans for his or her death to prompt confusion, expense and even unnecessary pain. At the same time, it is only natural that the subject of a final communication is not something we wish to spend much time considering. We all want to believe there will be plenty of time to com-

municate with those we love.

Where there is no will, all decisions with respect to estate distribution – and even custody of minors – will be made by a court. A judge will appoint legal representation and executors. Issues paramount to the judicial process will help govern every decision about the estate. And what should be the personal business of family during a time of loss can end up taking far too much time and significantly depleting available resources.

### A Written Plan May Not Be Enough!

While almost any will is better than none at all, it is also important to remember that a plan should specifically articulate your wishes. A plan that relies on the interpretation or judgment of others in order for objectives to be realized may cause as much pain as having no plan.

In any situation, what you don't say in your will can end up accidentally hurting or even disinheriting someone you intended to provide for in your estate.

If you would like more information on creating a plan that reflects and ensures your hopes and dreams – for family, for friends, and for charitable organizations like the Foundation for Community Care - we invite you to contact us at 406-488-2273 or go to our website [www.foundationforcommunitycare.org](http://www.foundationforcommunitycare.org). Our staff offers detailed educational information without cost or obligation.

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# 179 Providers In Montana Receive \$11,576,256 Under EHR Incentive Programs

More than 100,000 health care providers have been paid under the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, the Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) announced today. Of those, 179 eligible providers in Montana have received \$11,576,256 in payments.

CMS Acting Administrator Marilyn Tavenner and National Coordinator for Health Information Technology Farzad Mostashari, M.D., Sc.M., first proposed the 100,000 goal in March in a blog that declared 2012 the “Year of Meaningful Use” (<http://blog.cms.gov/2012/03/23/2012-the-year-of-meaningful-use/>).

“Meeting this goal so early in the year is a testament to the commitment of everyone who has worked hard to meet the challenges of integrating EHRs and health information technology into clinical practice,” said Acting Administrator Tavenner. “Not only have state Medicaid programs, public health departments, and many other stakeholders given their support to the Medicare and Medicaid EHR Incentive Programs, but numerous eligible health professionals and hospitals have recognized the potential of EHRs to provide better patient care, reduce medical errors, cut down on paperwork, and eliminate duplicate screenings and tests.”

The EHR Incentive Programs, which began in 2011, provide incentive payments to eligible professionals, eligible hospitals, and critical access hospitals as they adopt, implement, upgrade, or meaningfully use certified EHR technology in ways that improve care. Eligible professionals include physicians, nurse practitioners, certified nurse midwives, and some physician assistants.

As of the end of May 2012:

Over \$5.7 billion in EHR Incentive Program payments were made.

More than \$3 billion in Medicare EHR Incentive Program payments were made between May 2011 (when the first payments were released) and the end of May 2012.

More than \$2.6 billion in Medicaid EHR Incentive Program payments were made between January 2011 (when the first states launched their programs) and the end of May 2012.

More than 110,000 eligible professionals and over 2,400 eligible hospitals have been paid by the Medicare and Medicaid EHR Incentive Programs.

Approximately 48 percent of all eligible hospitals and critical access hospitals in the U.S. have received an incentive payment for adopting, implementing, upgrading, or meaningfully using an EHR.

One out of every 5 Medicare and Medicaid eligible professionals in the U.S. has received an incentive payment

for adopting, implementing, upgrading, or meaningfully using an EHR.

“The EHR Incentive Programs have really helped jump-start the use of electronic health records by health care providers all across the country,” said Dr. Mostashari. “Thanks in great part to the work conducted by the ONC-sponsored Regional Extension Centers and Beacon Communities Programs, more and more providers across the country – especially those in rural communities – are now ready to use EHRs.”

ONC, which works closely with CMS on the EHR Incentive Programs, provides grants to Regional Extension Centers (RECs) to support health care providers in the adoption and Meaningful Use of EHRs. In this capacity, RECs serve as:

Trusted advisors that provide unbiased support throughout the EHR process – from start to finish.

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Two-way pipelines connecting providers to the local and federal resources needed to understand the changing healthcare landscape.

Through the end of May 2012, over 133,000 primary care providers and 10,000 specialists were partnering with RECs to overcome common EHR adoption barriers. Of these providers, 70 percent of small practice providers in rural areas as well as 74 percent of critical access hospitals are working with RECs. RECs work to ensure these clinicians meet meaningful use standards and receive incentive payments through the Medicare and Medicaid EHR Incentive Programs. Over 12,000 providers working with RECS have already received incentive payments.

ONC also provides more than \$250 million over three years to the 17 selected Beacon Community Cooperative Agreement Programs. Each of the communities, with its unique population and regional context, is actively working to:

Build and strengthen the health IT infrastructure and exchange capabilities within its community, positioning each community to pursue a new level of sustainable health care quality and efficiency over the coming years;

Translate investments in health IT in the short run to measureable improvements in cost, quality and population health; and

Develop innovative approaches to performance measurement, technology and care delivery to accelerate evidence generation for new approaches.

To address increased demand for health IT workers, ONC invested \$116 million in the Health IT Workforce Development Program, which consists of four initiatives: Community College Consortia to Educate Health IT Profession-

als, Curriculum Development Centers Program, Competency Exam Program, and Program for Assistance for University-Based Training.

Since its launch in September 2010, the Community College Consortia Program has rapidly trained more than 13,000 professionals nationwide. The majority of students are mid-career healthcare or IT professionals with prior experience in fields outside health IT. Student demographics included significant minority and rural representation. By leveraging distance learning platforms, the program has trained students in all 50 States, the District of Columbia, and Puerto Rico.

The Medicare and Medic-

aid EHR Incentive Programs provide incentive payments for using EHR technology in 'meaningful' ways that lead to higher quality care, improved patient safety, and shared decision making by patients and physicians. Under the Medicare EHR incentive program, eligible professionals can receive as much as \$44,000 over a consecutive five-year period. Under the Medicaid incentive program, eligible professionals can receive as much as \$63,750 over six years. Under both the Medicare and Medicaid EHR Incentive Programs, eligible hospitals and critical access hospitals can receive millions of dollars for implementing and meaningfully using certified EHR technology.

Under the Medicaid EHR Incentive Program, eligible providers can receive incentive payments in their first year of participation by successfully registering through CMS' web-based registration system and then demonstrating to their state that they are eligible and have adopted, implemented, or upgraded certified EHR technology. Medicaid EPs and eligible hospitals do not need to attest to meeting meaningful use criteria in the first year. However, they will have to demonstrate meaningful use in subsequent years.

Forty-four states are participating in the Medicaid EHR Incentive Program as of May 2012. For more information on which states are participating, please visit the EHR Incentive Programs website at <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/MedicaidStateInfo.html>. CMS expects the remaining states to launch their Medicaid EHR Incentive Programs by the end of 2012.

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# The Night Circus

Book Review by Lois Kerr

Magic, illusion, multiple people with unique and wondrous talents, and a love story as well all intertwine in the book *The Night Circus* written by Erin Morgenstern. The best way to describe this delectable read is to call it an adult fairy tale, or to classify it as fantasy. The people who populate this book for the most part have an extraordinary talent of one kind or another, and yet they remain believable, likable people. Morgenstern explores the fine line between reality and illusion; what is real and what

may be possible if we suspend our belief systems.

The plot revolves around a competition between two young illusionists, neither of whom had any choice about whether or not they wanted to participate in this competition which has few rules, guidelines, or obvious end point. In fact, their mentors, two ageless wizards, bound the young people to this competition when they were children, and the binding ensures that the game must be played out to its conclusion, with the winner the contestant who proves he or she has the stronger magic. The night circus, a marvelous enchanting place, serves as the venue for this competition.

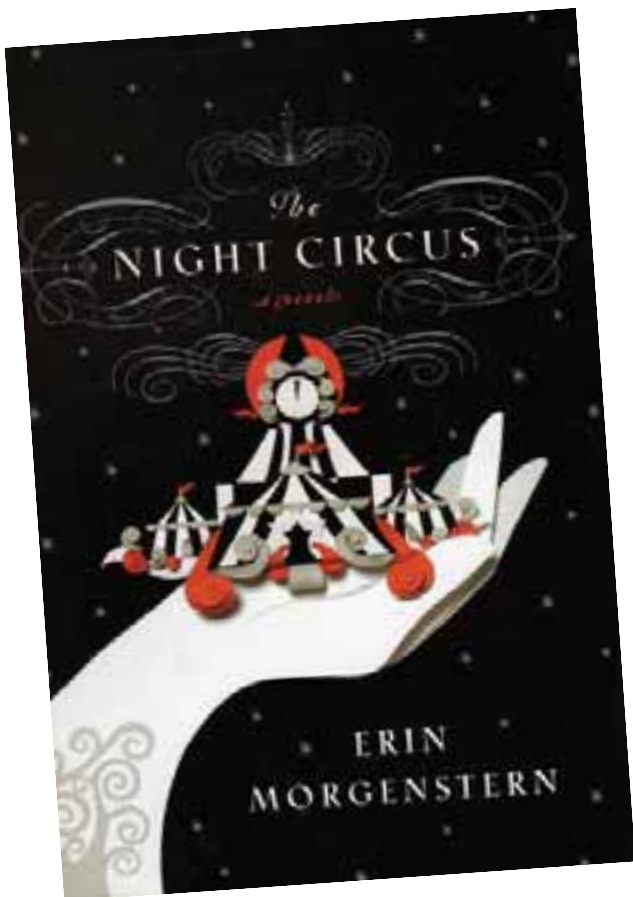
The story takes place over the course of two decades. We see the action unfold through the eyes of several different characters, and we like them all. The unbelievable seems believable and we take a remarkable tour through an impossible circus, altered reality, odd people, and yet we think that somehow maybe this is possible. As one of the characters notes in the book, "she claims there is a fire-breathing paper dragon somewhere in the tent, and though Bailey believes her, he has difficulty reconciling in his head the idea of paper that breathes fire."

Call it a fairy tale or a fantasy tale, but read it if you like good writing and an interesting plot. I liked all the characters with the exception of the two ancient magicians, but even they were not totally evil and they had a few redeeming qualities as well. I rooted for both the competitors, who just happen to fall in love with each other and who had the courage to try to find a way out of an impossible situation without destroying themselves or each other.

This is an excellent book and offers a change of pace, a believable plot set in a completely unique environment, and peopled with extremely unusual characters. Morgenstern makes the point that very often, there is neither good nor bad, just shades of gray, and that we are all connected in one way or another. My actions affect all those around me, not only myself. As one of the ancient sorcerers remarks, "There are no more battles between good and evil, no monsters to slay, no maidens in need of rescue... There are no longer simple tales with quests and beasts and happy endings... Things keep going on, they overlap and blur, your story is part of your sister's story is part of many other stories, and there is no telling where any of them may lead."

Speaking of the unusual, the unbelievable, and the interconnections that exist, the wizard continues, "This is not magic. This is the way the world is only very few people take the time to stop and note it... When the battles are fought and won and lost, when the pirates find their treasures and the dragons eat their foes for breakfast with a nice cup of Lapsang souchong, someone needs to tell their overlapping narrative. There's magic in that."

I thoroughly enjoyed this book, and I will read any other book I happen to see written by Erin Morgenstern.



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# Making Medicare Make Sense

## Answers To Some of The Most Commonly Asked Medicare Questions

**Q: What are the 2012 Cost Sharing Amounts for Medicare Part A & Medicare Part B?**

**A: The 2012 Part B premium for most beneficiaries is \$99.90 per month. This is a \$3.50 per month increase for most beneficiaries.**

However, it is a decrease for those who joined the Medicare program in 2010 and 2011, and were paying higher premiums as a result.

This is because of a law which freezes Part B premiums for those already in the program, when there is no cost-of-living adjustment (COLA) in their Social Security benefits, and the premium is withheld from Social Security payments. This law did not apply to those who joined Medicare since Jan. 1, 2010, so they paid higher premiums, which are now reduced to the \$99.90 level.

Note, however, that nearly everyone paying the \$3.50 per month increase this year will get a far larger increase in Social Security benefits to offset it, since there is an adjustment for 2012. The average COLA for Social Security benefits for 2012 is about \$43 per month.

More good news: the Medicare Part B deductible – the amount beneficiaries pay out of pocket first, before Medicare begins paying for some services – is \$140 in 2012. That's \$22 less than it was last year. And the Part A deductible for beneficiaries admitted as a hospital inpatient is up only slightly from last year, to \$1,156. That's an increase of only 2.1%, far lower than previous years, and lower than the general inflation rate. That deductible is the same for an inpatient stay of up to 60 days of Medicare-covered treatment. Daily co-insurance payments for stays longer than 60 days have also increased by 2.1%.

Most people—about 99% — don't pay a premium for Medicare Part A, since they or their spouses have at least 40 calendar quarters of Medicare-covered employment during their working lifetimes. For those who don't meet this requirement, the monthly premiums for Part A are the same as they were in 2011.

For beneficiaries in skilled nursing facilities, the daily co-insurance for days 21-100 is now \$144.50, an increase of \$3 from 2011. Beneficiaries do not pay anything for the first 20 days of skilled nursing facility care. However, to qualify for Medicare coverage, your doctor must certify that you need daily skilled care, like intravenous injections or physical therapy, and your stay follows at least a three-day, medically necessary, inpatient hospital stay for a related illness or injury.

Approximately 4% of the current Medicare population will pay higher Medicare Part B premiums as required in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. The 2003 law stated that beginning in 2007 the Part B premium a beneficiary will pay each month will be based on his or her annual income. This means your

Part B premiums are higher in 2012 if the income shown on your 2010 tax return is greater than \$85,000 for an individual return, or \$170,000 for a joint return. If this is the case for you, you will get a special notification about it, along with information about how to pay, and how to appeal if you think you shouldn't have to pay the higher premiums.

However, the news is really good for the majority of Medicare beneficiaries. You will be better off, overall, with the decrease in the Medicare Part B deductible, the cost-of-living increase in your Social Security check, and only slight increases in Part A deductibles and Part B premiums. Also, with new tools provided by the Affordable Care Act, the Centers for Medicare & Medicaid Services, the federal agency that administers these programs, is improving how we pay providers, helping patients get the care they need and spending our health care dollars more wisely.

**Q: Can You Explain the Email that Falsely Claims the Medicare Part B Premium will be \$247 in 2014?**

**A: Recently, there has been an email circulating to the general public that falsely claims that the Medicare Part B premium will increase to \$247 in 2014 as a result of the Affordable Care Act (ACA).**

Medicare Part B premiums are calculated *each* year based on health care costs the previous year. Since Medicare calculates the premiums *each* year based on factors that *change* from year to year, the e-mail's claim to *know* what Medicare premiums will be in the future cannot be true. The formula used to calculate the Medicare Part B premium was established by Congress years ago, and for most Medicare beneficiaries, Medicare will pay 75% of the calculated premium, while Medicare beneficiaries will be responsible for 25%. Health Care Reform formally known as the Patient Protection and Affordable Care Act didn't make changes to the way that the Medicare Part B premium is calculated each year. The recent health care law leaves in place the long-established methods for calculating Medicare Part B premiums.

However, one of the potential effects of the Affordable Care Act may be to slow the growth rate of these premiums over time. The new healthcare law intends to decrease fraud, waste and abuse, and drive down health care costs through delivery system reforms, such as preventing unnecessary hospital readmissions, and an increased emphasis on prevention and effective treatments. Because the Part B premium is calculated based on health care costs, a decrease in the growth rate of these overall expenses will result in a similar slower growth rate for Part B premium costs.

**If you have a question about Medicare, call 1-800-MEDICARE, which is, 1-800-633-4227. Medicare's national toll-free helpline is available 24 hours a day, seven days a week, or visit [www.medicare.gov](http://www.medicare.gov) or log onto [www.healthcare.gov](http://www.healthcare.gov) to read more about the Affordable Care Act.**

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Mail or email your comments about the Golden Roundup publication or any of the stories we carry.

We ask our readers to submit stories, photos and advertising for publication. Photos are always welcome.

The address is P.O. Box 1207, Sidney, MT 59270 and the email is [info@roundupweb.com](mailto:info@roundupweb.com) or any of the other emails we have listed. The phone number is 1-406-433-3306 or toll free 1-800-749-3306. We also appreciate your advertising.

The Golden Roundup is distributed the Wednesday closest to the middle of each month. The August news and ad deadline is August 8.

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# James Gang Java Opens In Alexander

## Open House July 22



Kathy "Jess" James stands in front of her coffee shop, James Gang Java in the Charbonneau Township Hall building beside the Lewis & Clark Trail Museum. The building was also a school house almost 100 years ago.

Alexander native Kathy "Jess" James opened her coffee and gift shop, James Gang Java, last week in Alexander, ND. The shop is located in the historic Charbonneau Township Hall building next to Alexander's Lewis & Clark Trail Museum off Highway 85 in Alexander. An open house for the coffee shop and museum is planned for July 22.

The shop offers three blends of hot and cold gourmet coffee, coffee smoothies, Italian sodas, fruit smoothies, spiced chai tea, hot chocolate & steamers and sport tea energy drinks. James Gang Java is also a gift shop with jewelry, unique greeting cards, T-shirts and many country & cowboy themed gifts for all ages. Free WiFi will also soon be available for customers to use.

Store hours are Tuesday through Saturday, 8 am to 5 pm and Sunday 12 noon to 5 pm. The shop is open seasonally as weather dictates. "I hope to be open as early in the spring as possible and as late in the fall as possible," stated James.

James is an Alexander graduate and attended grade school in the Lewis and Clark Trail Museum building. She is the daughter of Marilyn and Frederick James and has a brother, Kit, living south of Alexander; a sister, Bonnie, living in Williston and a sister, Sherri, in Iowa. James also has two sisters that have passed, Mary Lou and Belinda. "My grandparents, Fred & Clara James, homesteaded south of Alexander in 1905," James said. Prior to moving back to Alexander James owned a coffee and gift shop in Medora, ND, and also spent many years in higher education and coaching at Concordia College in Moorhead, MN, Dickinson State University and Montana State University-Billings.

James is very appreciative of the warm welcome back and the help she has received. "I want to thank family, friends and Renee Riggins specifically for all the help they have given me," she said. She also enjoys meeting and getting to know the newcomers to town. "I like meeting the people from all over that come to see the museum. I enjoy bringing



This statue of Charles Bronson displays a sign that says, "Our coffee is better than good, it's famous!"

James Gang Java gift shop has jewelry, unique greeting cards, T-shirts and many country & cowboy themed gifts for all ages.

some joy to everyone that comes here," she continued.

The museum is open Memorial Day to Labor Day on Mondays, Tuesdays, Fridays, Saturdays and Sundays. For more information on the Lewis & Clark Trail Museum call Jodi at 701-828-3857, email [info@lewisandclarktrailmuseum.com](mailto:info@lewisandclarktrailmuseum.com) or go to [www.lewisandclarktrailmuseum.com](http://www.lewisandclarktrailmuseum.com).

James Gang Java is located at 102 Indiana Ave. East in Alexander, ND. For more information call 701-260-4363, email [diamcros@hotmail.com](mailto:diamcros@hotmail.com), go to [www.jamesgangjava.com](http://www.jamesgangjava.com) or like the shop on Facebook.



James Gang Java is located at 102 Indiana Ave. East in Alexander, ND, beside the Lewis & Clark Trail Museum off Hwy. 85.

# Keep Mosquitoes From Bugging You This Summer: Take Steps to Prevent Bites

Submitted from the Richland County Public Health Department by Julie Brodhead RN

Summer allows more time for children to play outdoors, but when kids are covered with bug bites after spending time outside, parents may start to worry about diseases by mosquitoes, such as West Nile Virus (WNV). Luckily, parents can take simple steps to prevent bites and diseases spread by bugs.

## Use an effective insect repellent

Parents may feel overwhelmed by the many bug protection products in the grocery aisle, wondering which ones are best. CDC recommends a variety of effective products.

Most pediatricians recommend using products with 30 percent or less of these ingredients on kids. Once you've bought an insect repellent, use it whenever you and your children are outdoors. Put a few bottles or packets of repellent anywhere you might need them—in the car, by the door, in your bag. Make it easy so you'll remember. As hard as it may be to think about, any single bug bite has the potential to bring illness, so it's worth taking a moment for prevention.

Please remember to follow the "four Ds" to reduce the risk of being bitten by mosquitoes that may carry WNV virus:

Mosquitoes are most active during this time during DUSK/DAWN. If possible, stay indoors during the early morning and evening hours.

DRESS in long sleeves and pants if you must be outdoors when mosquitoes are most active

Before going outdoors, remember to apply an insect repellent containing DEET (N, N-diethyl-m-toluamide).

DEET is recommended by the Centers for Disease Control and Prevention (CDC) and is the most effective and best studied insect repellent available. Use a repellent containing 25 percent to 35 percent DEET when it is necessary to be outdoors. Children ages 2-12 should use repellent with 10 percent DEET or less. Products containing picaridin and permethrin have also been found to be effective in repelling mosquitoes, as has oil of lemon eucalyptus.

To keep the mosquito population at bay around your home, DRAIN standing water in old tires, barrels, buckets, cans, clogged rain gutters, and other items that collect water. Change water in pet bowls, flowerpots, and birdbaths at least twice a week.

## Senior AARP Driving Course At Sidney Health Center July 24

### AARP Honoring Educators With \$5 Coupon

By Allen Peterson, Instructor/Trainer

Sidney Health Center is hosting an AARP Senior Safe Driving Course on July 24, 2012 with a 12:00 Noon pre-registration and 4 hour class starting at 12:30 PM.

The months of July and August AARP will have a special promotion for Educators: Teachers, Staff, Cooks, Bus Drivers, School Nurses and home-school parents with a \$5 Coupon for the class. The class costs are \$12 for AARP members and \$14 for non-members plus the special \$5 coupon educator rate. The class can only handle 25. Bring a photo copy of AARP membership card and drivers license or call in this information before July 20th and send a check payable to AARP.

AARP is looking for volunteers for this district and would like the educators to be a volunteer. To register, call or stop at Sidney Health Center and see Rita Steinbeisser or Toni Zieski in the Marketing & Communications Department.

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# Fairview Memories

The Fairview News

THURSDAY, JANUARY 27, 1972

AN INDEPENDENT NEWS PAPER

## Feeders' Tour to Be Held

The stage is being set for the 23rd Annual Montana-Dakota Livestock Feeders' Tour on Saturday, February 5 in Fairview, according to Garry Steinley, General Chairman.

The tour gets underway with registration at the Fairview Lions Hall with free cigars being given at 9:00 a. m.

At 9:45 a. m. the tour opens at the John Bauman farm to inspect 250 calves on feed. At 10:30 a. m. the tour continues to the Jack Hardy farm to see 3000 sheep on feed. Coffee and doughnuts will be served at this stop on the tour. At 11:00 a. m. the tour will go to the Valley Vu Feedlot to inspect 4000 head of cattle on feed and custom feeding facilities. Weight guessing contests will be held at each stop of the tour. \$5.00 will be awarded to each winner in two of the guessing contests. Another will be of the jackpot type with the

winner taking the jackpot. Winners must be present at the afternoon program to receive rewards.

At 12:00 noon the caravan arrives at the East Fairview School for noon lunch served by the East Fairview PTA.

At 1:00 p. m. a feed discussion will be held at the East Fairview School auditorium, and a management panel, with Ellis Williams, Richland County Agent, and Kermit Toepke, McKenzie County Agent, in charge. Garry Steinley, Feeder Tours committee chairman, will M. C. Panel members will be George Strum, Extension Livestock Husbandman, North Dakota State University, Fargo; Jim Ganaaway, Agricultural Representative, American State Bank, Williston; and Jim Drummond, Livestock Specialist, Montana State University, Bozeman.

From 5:30 to 6:30 p. m. will be a Smoker at the Fairview Civic

Center with admission by Banquet ticket only.

At 6:30 p. m. there will be a roast lamb and beef banquet, speaker will be Bill Krutzfelt, rancher and County Attorney, Miles City.

Members of the Livestock Feeders Tour Committee are:

Garry Steinley, chairman; Larry Knels, vice chairman; Dan Watts, secretary; Jim Bieber, treasurer; Kermit Toepke, Ellis Williams, Dale Hurley, Gerhard Reichenbach, Pete Kiamus, Jim Noble, Don Helm, Ralph Ludington, Harry Pasche, Bob Buxbaum, Arnold Scheopp.

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