**ZAMÓWIENIE MATKI / ODKŁADY 2023 do 28.02.2023**

**KOŁO PSZCZELARZY…………………………………………………………………………………………………………………**

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| **Lp** | **Nazwisko i imię**  **pszczelarza** | **PESEL** | **Nr telef.** | **Nr wet.**  **NR EP**  **SB**  **RHD** | **Ilość rodzin** | **Ilość matek** | **Rodzaj matki /**  **odkłd**  **(symbol)** | **Pasieka/**  **Hodowca** |  |
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