

From: [Bill Rooney](#)
To: ["Gary C. Peterson"](#)
Subject: RE: DTR Release Observation
Date: Thursday, October 01, 2009 12:13:00 PM
Attachments: [REDACTED] [with GCP,WLR comments.xls](#)
[IMAGE.bmp](#)

I don't have any problem with these; I changed those that are Purdue's or KSU to not ours to distribute.

Otherwise, it all looks good.

regards,

bill

Dr. William L. Rooney
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Chair, Plant Release Committee
Texas A&M University
College Station, Texas 77843-2474
979 845 2151

-----Original Message-----

From: Gary C Peterson [mailto:g-peterson1@tamu.edu]
Sent: Thursday, October 01, 2009 10:06 AM
To: Bill L Rooney
Subject: DTR Release Observation

Bill,

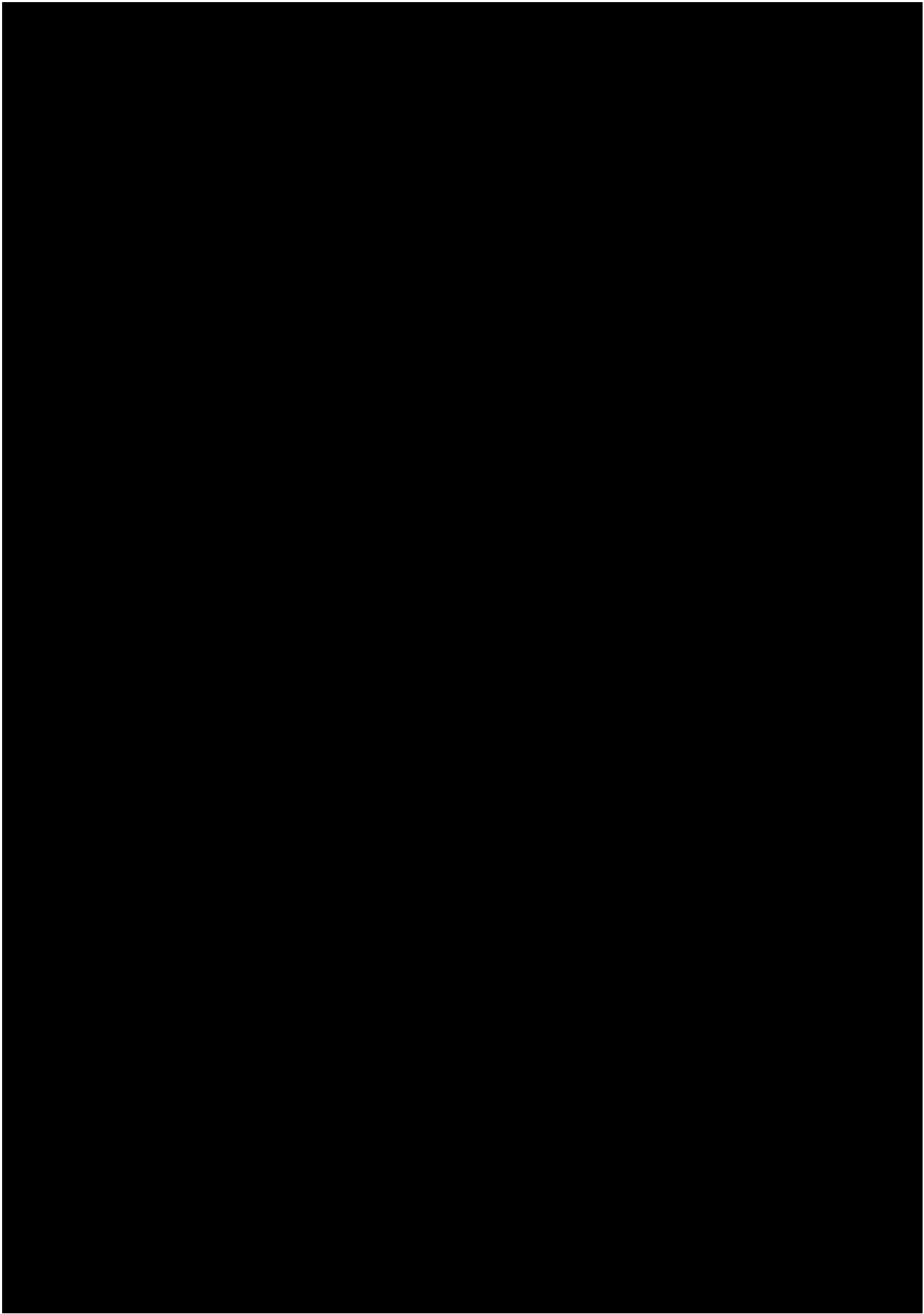
Attached is the DTR Release Observation with two additional columns - status and recommendation. I would like to have two lines pulled out - Tan GB Res White (originally developed by Johnson) and one line with MB108B as the male parent. General principal only but would not be willing to wage much of an argument.

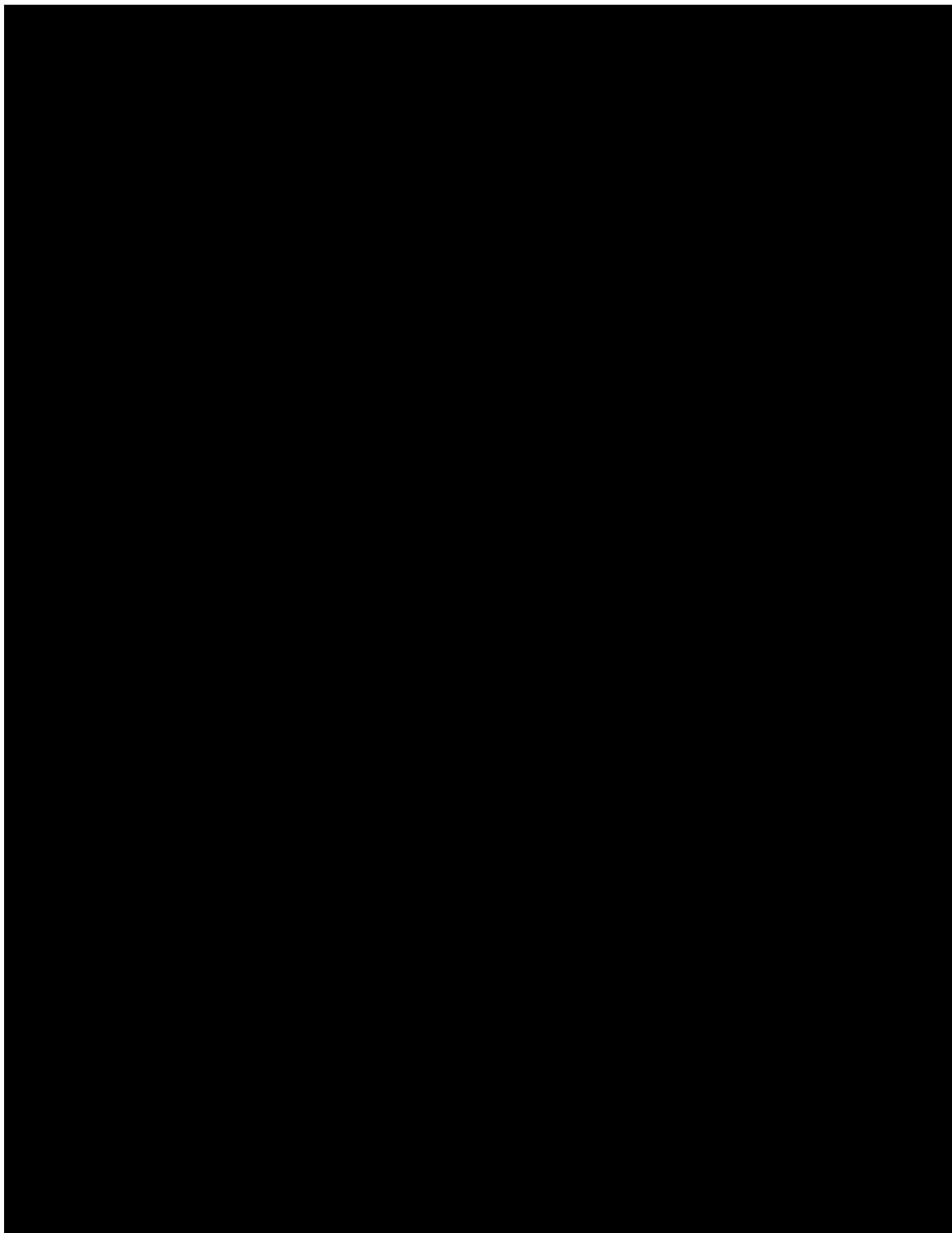
Look this over and make whatever changes you believe are needed. If anything and everything from the breeding programs are available for a price then I don't have much preference as to the disposition of this material. Do want to be sure you and I are on the same page.

Gary



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the 'information' and 'communication' fields. The 'information' field is defined as:

...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 1)

The 'communication' field is defined as:

...the study of the processes of communication production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 1)

The 'information science' field is defined as:

...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 1)

The 'information studies' field is defined as:

...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 1)

The 'information technology' field is defined as:

...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 1)

The 'information systems' field is defined as:

...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 1)

The 'information management' field is defined as:

...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 1)

The 'information policy' field is defined as:

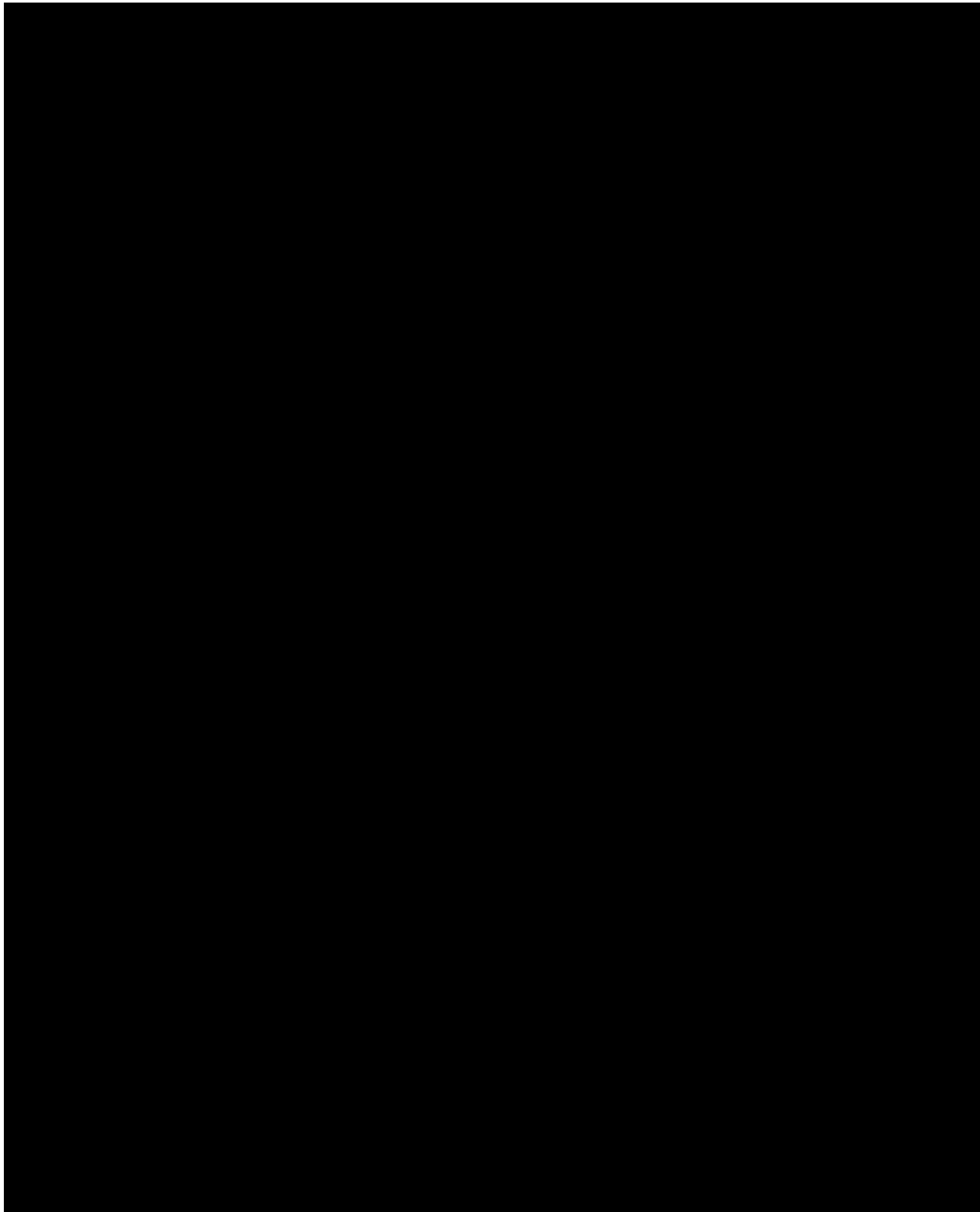
...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 1)

The 'information law' field is defined as:

...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 1)

The 'information ethics' field is defined as:

...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 1)



the 1990s, the incidence of *S. flexneri* has increased in the United Kingdom [10]. In the United States, *S. flexneri* has been reported to be the most common serotype of *Shigella* isolated from children with shigellosis [11].

There is a paucity of data on the epidemiology of *S. flexneri* in the United Kingdom. In the 1970s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [12]. In the 1980s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [13].

In the 1990s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [14]. In the 1990s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [15]. In the 1990s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [16].

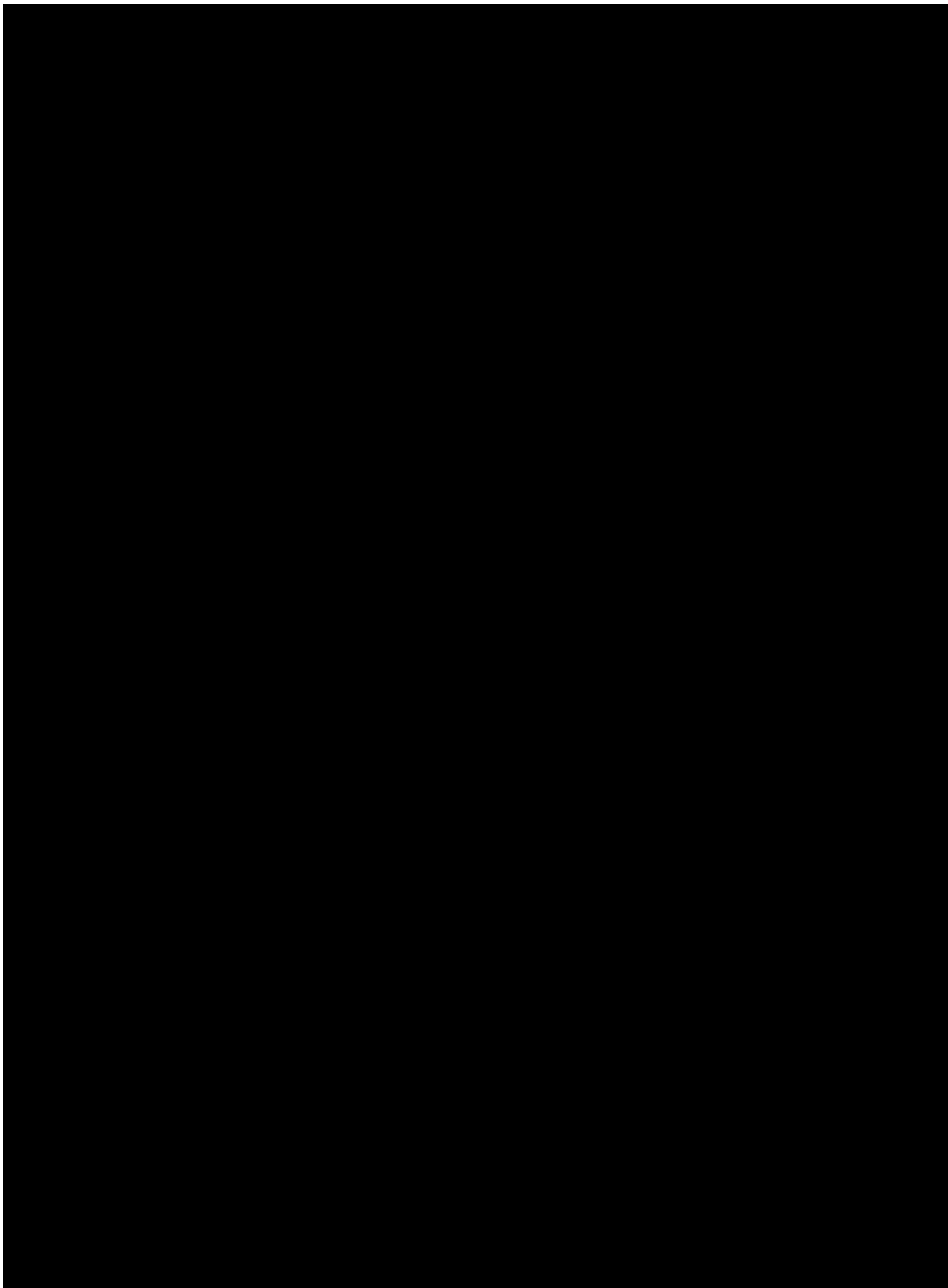
In the 1990s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [17]. In the 1990s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [18]. In the 1990s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [19].

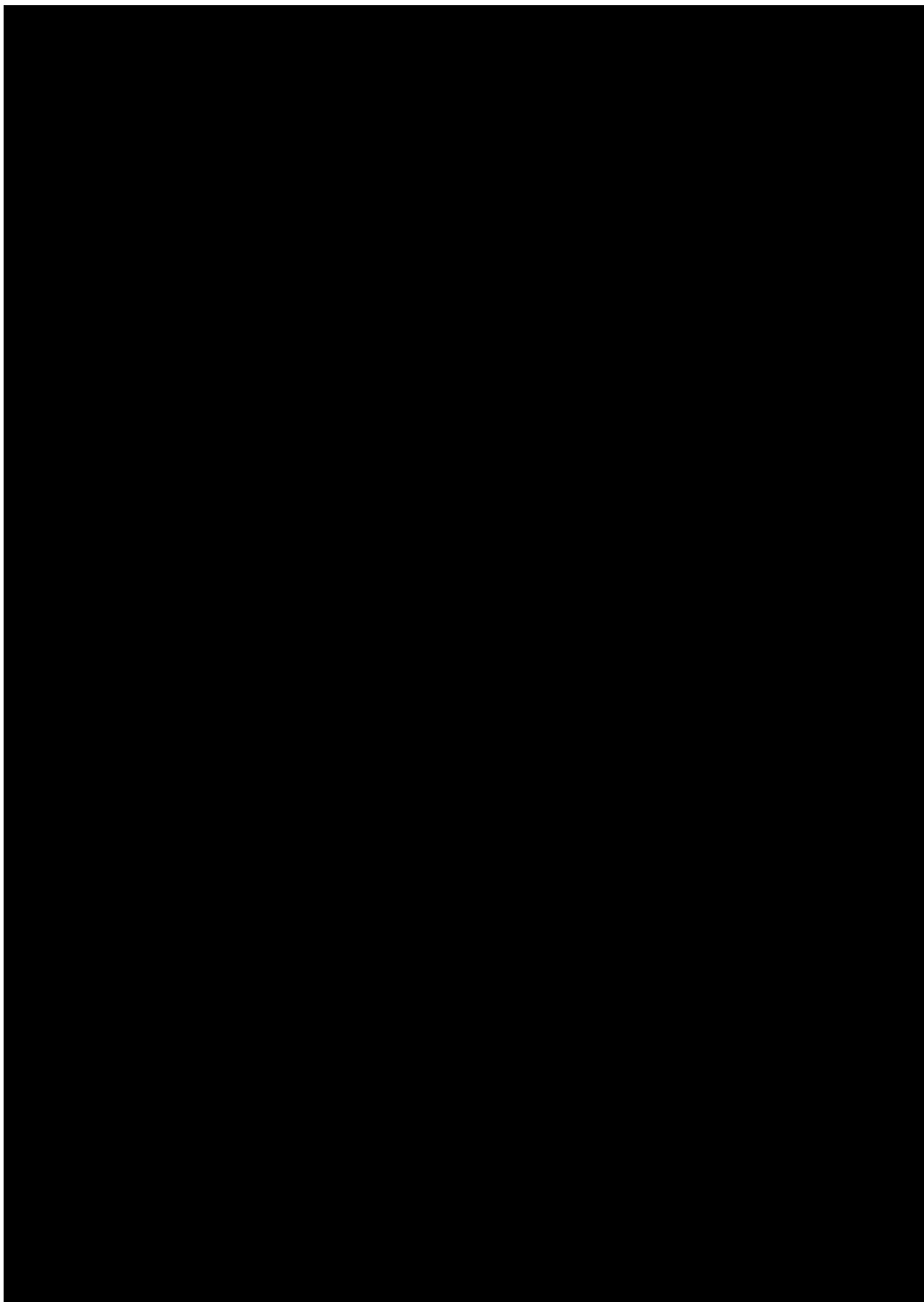
In the 1990s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [20]. In the 1990s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [21]. In the 1990s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [22].

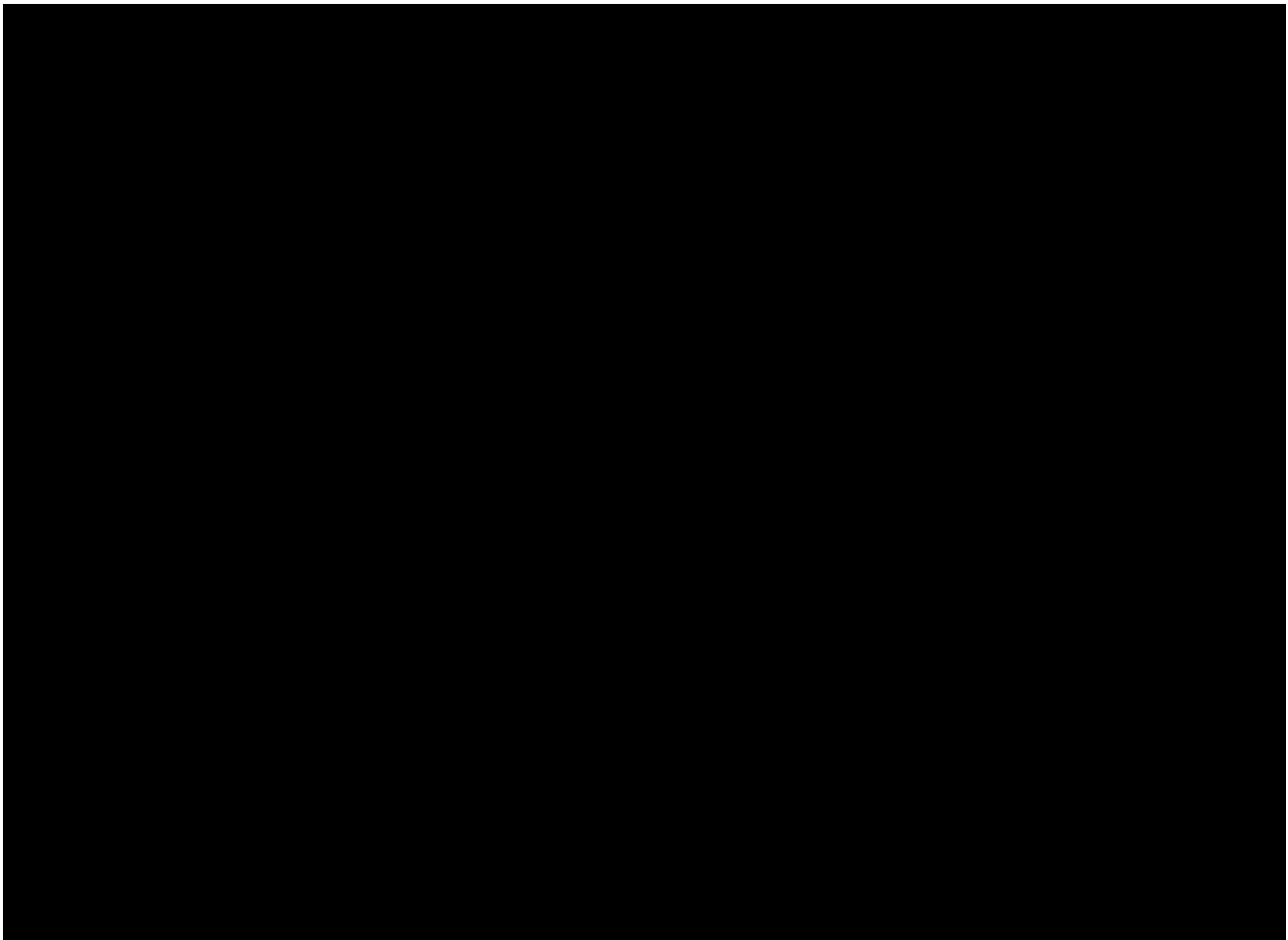
In the 1990s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [23]. In the 1990s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [24]. In the 1990s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [25].

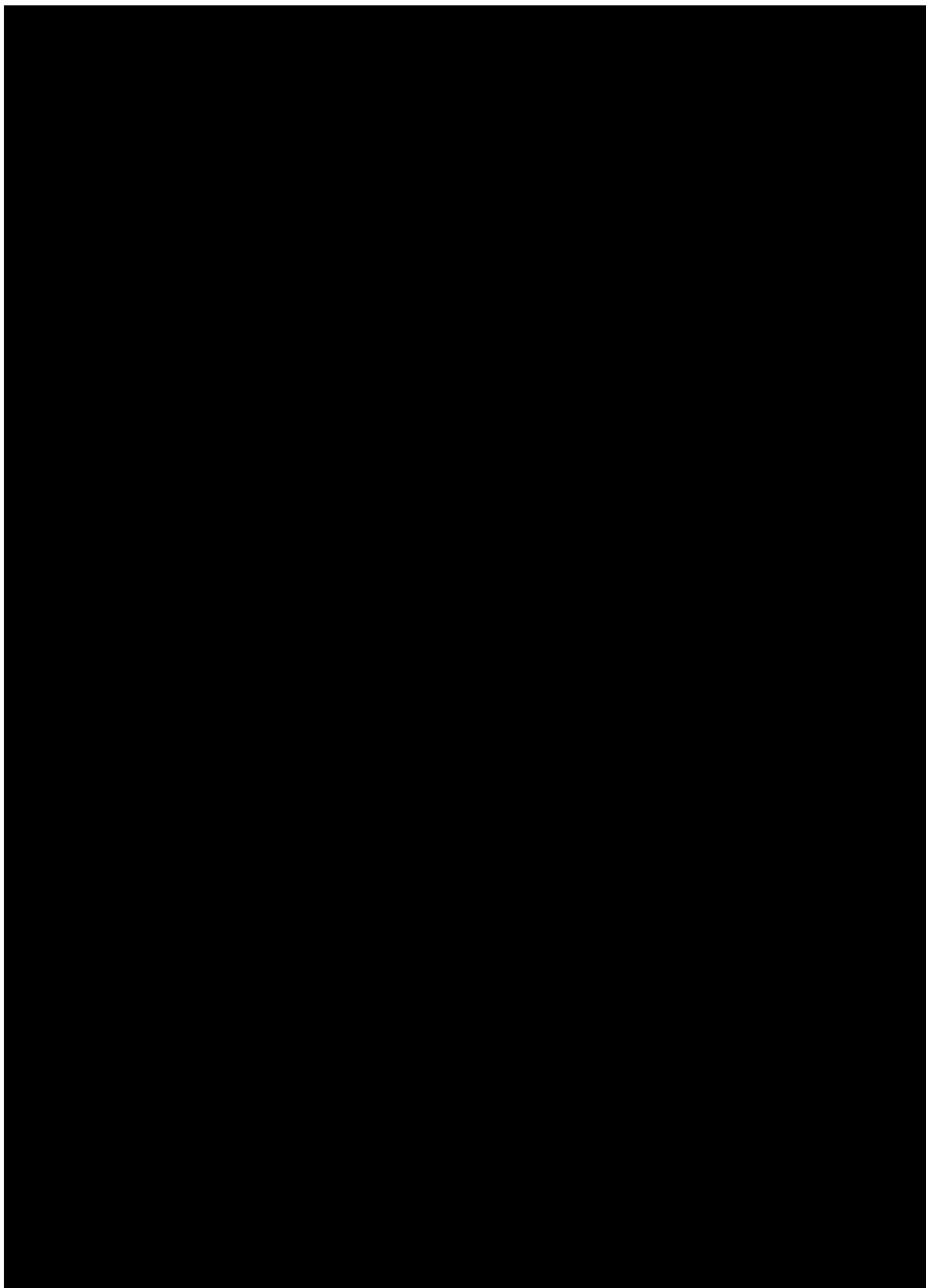
In the 1990s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [26]. In the 1990s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [27]. In the 1990s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [28].

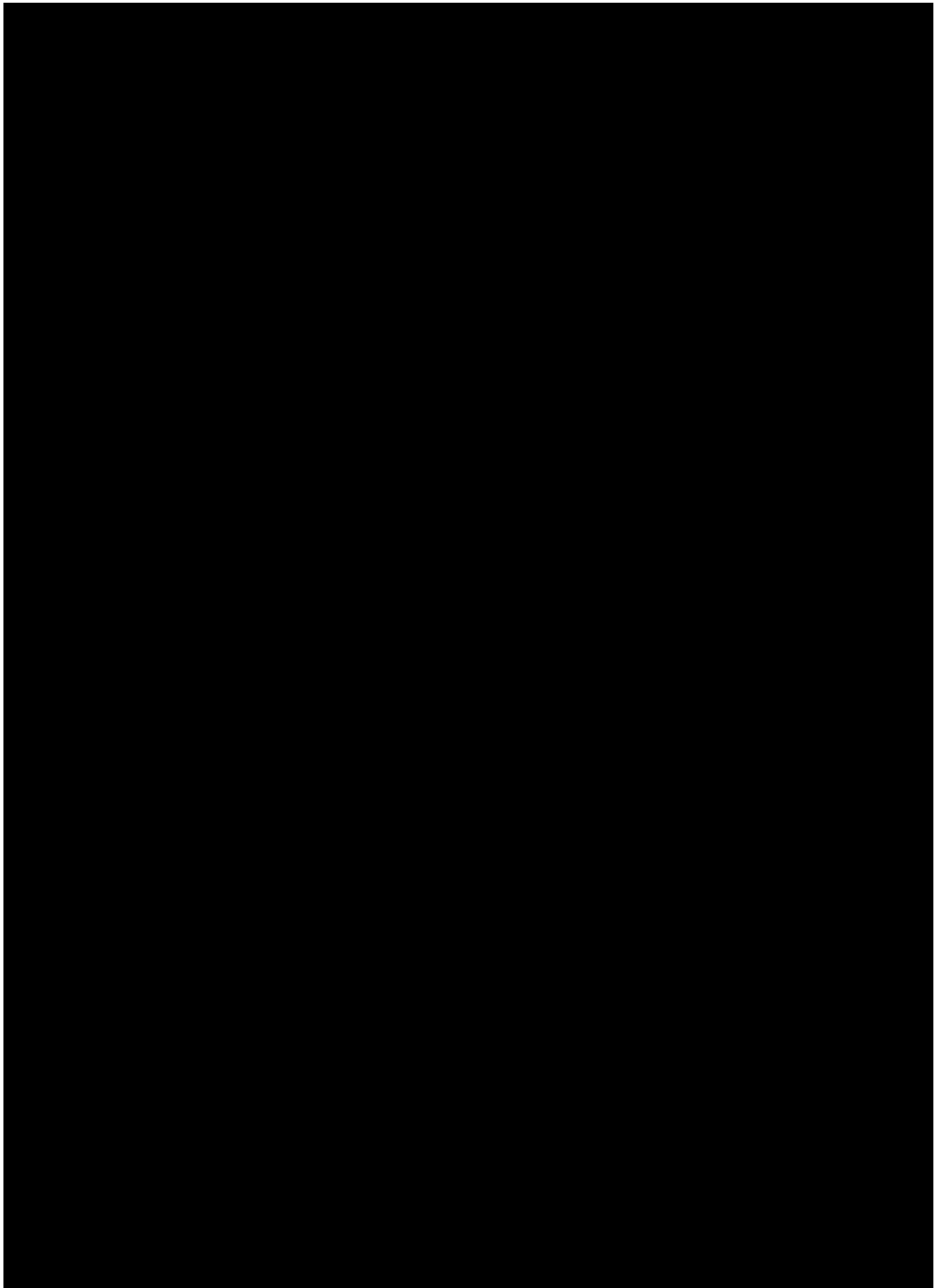
In the 1990s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [29]. In the 1990s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [30]. In the 1990s, *S. flexneri* was the most common serotype of *Shigella* isolated from children with shigellosis in the United Kingdom [31].

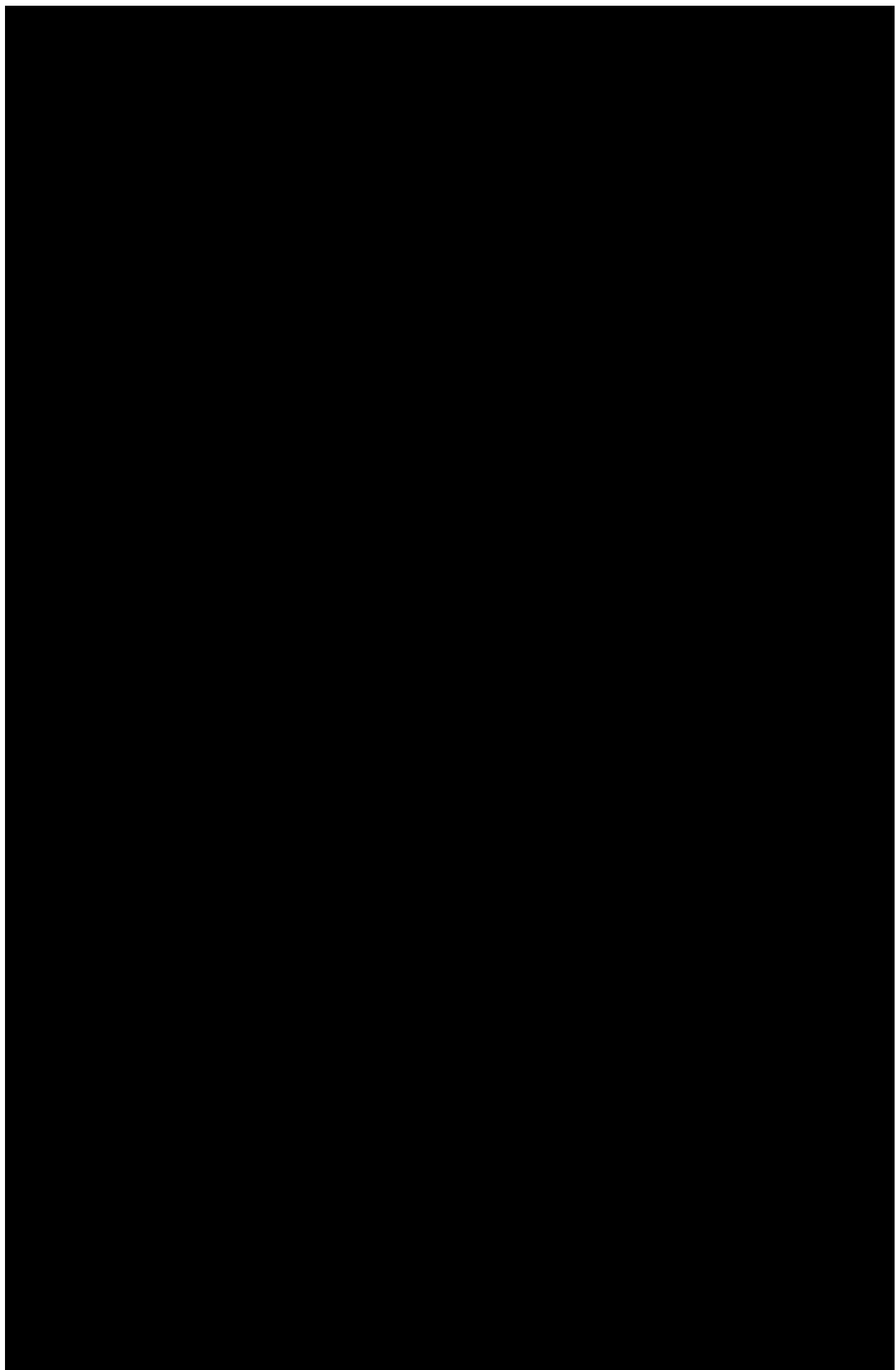


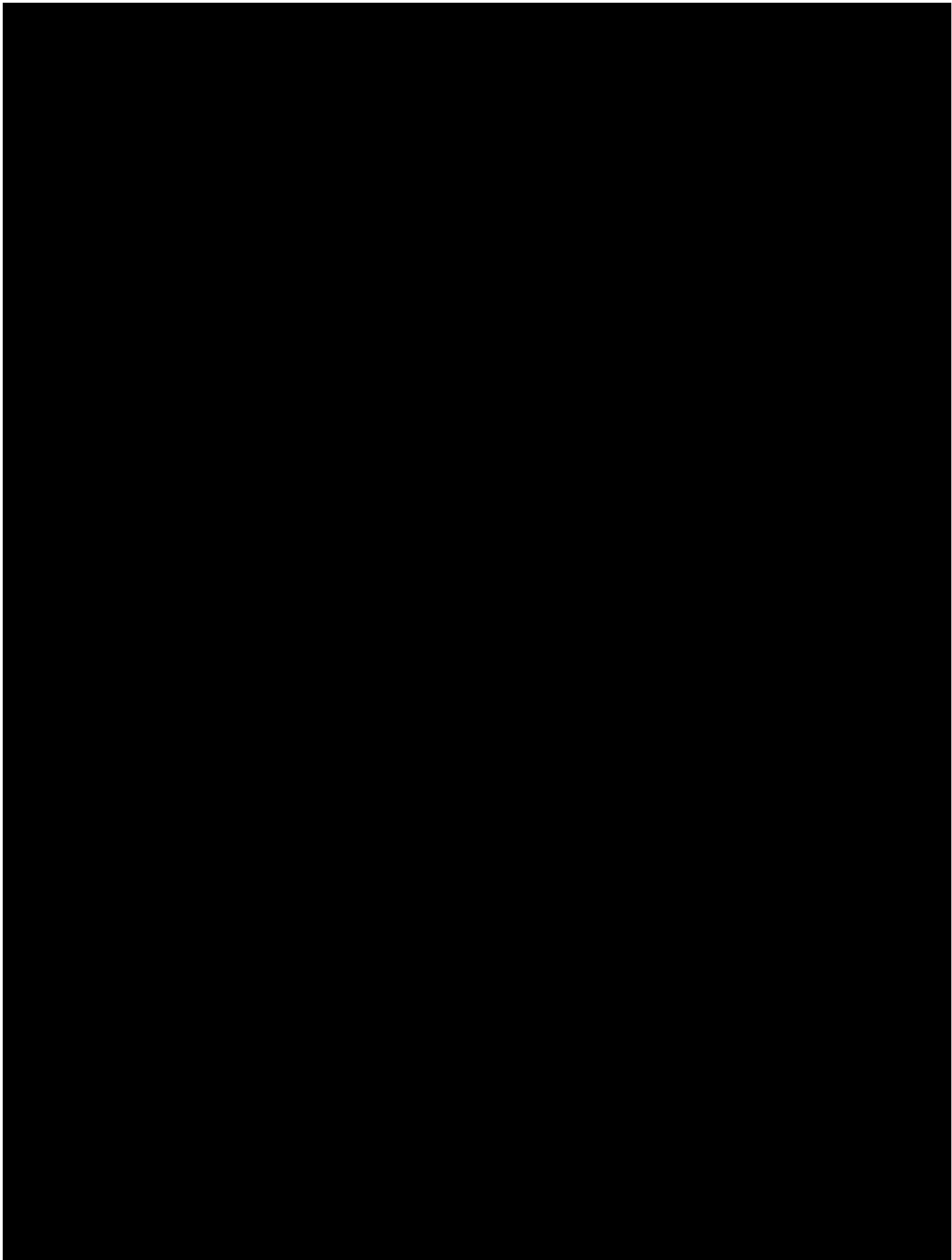












the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1.1 million (Office of National Statistics 1999). The number of people aged 65 and over is projected to increase to 6.5 million by 2011, and the number of people aged 75 and over to 4.5 million (Office of National Statistics 1999).

There is a growing awareness of the need to address the health care needs of the ageing population. The Department of Health (1999) has identified the need to develop a new approach to health care for the ageing population, and has set out a number of key principles for the development of a new approach. These principles are: to ensure that health care is tailored to the needs of the ageing population; to ensure that health care is delivered in a way that is accessible and acceptable to the ageing population; and to ensure that health care is delivered in a way that is cost-effective.

The Department of Health (1999) has also identified a number of key areas for action in order to develop a new approach to health care for the ageing population. These areas are: to improve the quality of health care for the ageing population; to improve the accessibility of health care for the ageing population; and to improve the cost-effectiveness of health care for the ageing population.

The Department of Health (1999) has also identified a number of key challenges in order to develop a new approach to health care for the ageing population. These challenges are: to ensure that health care is tailored to the needs of the ageing population; to ensure that health care is delivered in a way that is accessible and acceptable to the ageing population; and to ensure that health care is delivered in a way that is cost-effective.

The Department of Health (1999) has also identified a number of key opportunities in order to develop a new approach to health care for the ageing population. These opportunities are: to improve the quality of health care for the ageing population; to improve the accessibility of health care for the ageing population; and to improve the cost-effectiveness of health care for the ageing population.

The Department of Health (1999) has also identified a number of key priorities in order to develop a new approach to health care for the ageing population. These priorities are: to improve the quality of health care for the ageing population; to improve the accessibility of health care for the ageing population; and to improve the cost-effectiveness of health care for the ageing population.

The Department of Health (1999) has also identified a number of key actions in order to develop a new approach to health care for the ageing population. These actions are: to improve the quality of health care for the ageing population; to improve the accessibility of health care for the ageing population; and to improve the cost-effectiveness of health care for the ageing population.

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The Department of Health (1999) has also identified a number of key indicators in order to develop a new approach to health care for the ageing population. These indicators are: to improve the quality of health care for the ageing population; to improve the accessibility of health care for the ageing population; and to improve the cost-effectiveness of health care for the ageing population.

The first of these is the fact that the system is not in a steady state. The number of particles in the system is increasing at a constant rate, and this is reflected in the fact that the total energy of the system is also increasing. The second is that the system is not in thermal equilibrium. The temperature of the system is not uniform, and this is reflected in the fact that the energy is not distributed evenly among the particles. The third is that the system is not in a state of maximum entropy. The entropy of the system is not at its maximum value, and this is reflected in the fact that the system is not in a state of maximum disorder.

The fourth is that the system is not in a state of minimum energy. The energy of the system is not at its minimum value, and this is reflected in the fact that the system is not in a state of minimum disorder. The fifth is that the system is not in a state of maximum stability. The stability of the system is not at its maximum value, and this is reflected in the fact that the system is not in a state of maximum order.

The sixth is that the system is not in a state of maximum efficiency. The efficiency of the system is not at its maximum value, and this is reflected in the fact that the system is not in a state of maximum performance. The seventh is that the system is not in a state of maximum reliability. The reliability of the system is not at its maximum value, and this is reflected in the fact that the system is not in a state of maximum consistency.

The eighth is that the system is not in a state of maximum flexibility. The flexibility of the system is not at its maximum value, and this is reflected in the fact that the system is not in a state of maximum adaptability. The ninth is that the system is not in a state of maximum robustness. The robustness of the system is not at its maximum value, and this is reflected in the fact that the system is not in a state of maximum resilience.

The tenth is that the system is not in a state of maximum sustainability. The sustainability of the system is not at its maximum value, and this is reflected in the fact that the system is not in a state of maximum longevity. The eleventh is that the system is not in a state of maximum profitability. The profitability of the system is not at its maximum value, and this is reflected in the fact that the system is not in a state of maximum return on investment.

The twelfth is that the system is not in a state of maximum social responsibility. The social responsibility of the system is not at its maximum value, and this is reflected in the fact that the system is not in a state of maximum ethical conduct. The thirteenth is that the system is not in a state of maximum environmental friendliness. The environmental friendliness of the system is not at its maximum value, and this is reflected in the fact that the system is not in a state of maximum ecological balance.

The fourteenth is that the system is not in a state of maximum innovation. The innovation of the system is not at its maximum value, and this is reflected in the fact that the system is not in a state of maximum creativity.

the 1990s, the number of people in the UK who are aged 65 and over has increased by 1.5 million, and the number of people aged 75 and over has increased by 1.1 million (Office for National Statistics 2000). The number of people aged 65 and over is projected to increase to 10.5 million by 2020, and the number of people aged 75 and over to 6.5 million (Office for National Statistics 2000).

There is a growing awareness of the need to develop strategies to meet the needs of the ageing population. The Department of Health (1999) has published a strategy for ageing, which sets out the government's commitment to improve the lives of older people. The strategy is based on three main principles: (1) to ensure that older people have the opportunity to live independently and actively; (2) to ensure that older people have access to the services and support they need; and (3) to ensure that older people are treated with respect and dignity.

The strategy is based on the following assumptions: (1) that older people are a valuable resource; (2) that older people have the right to live independently and actively; (3) that older people have the right to access the services and support they need; and (4) that older people should be treated with respect and dignity. The strategy is based on the following principles: (1) to ensure that older people have the opportunity to live independently and actively; (2) to ensure that older people have access to the services and support they need; and (3) to ensure that older people are treated with respect and dignity.

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