My commission expires:

GRANTOR'S NAME AND ADDRESS GRANTEE'S NAME AND ADDRESS SPACE RESERVED RECORDER'S USE FEST main NAME, ADDRESS, ZIP

NAME, ADDRESS, ZIP

STATE OF OREGON,

KLAMATH County of ... I certify that the within instrument was received for record on the day of JANUARY , 19 77 at 2;31 o'clock M., and recorded in book M 77 on page 424 or as file/reel number 23958 Record of Mortgages of said County. Witness my hand and seal of County affixed.

WM. D. MILNE

Recording Officer

FEE \$ 3.00