in am

NAME, ADDRESS, ZIP

Recording Officer

Deputy

FORM No. 159-ACKNOWLEDGMENT BY ATTORNEY-IN-FACT.	650 0
STATE OF KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
County of Klamath	55
	J
On this the 3 day who, being duly sworn (or affirmed)	y of January 181
edged said instrument to be the	DORE lack for authority of and lack for
edged said instrument to be the act and deed	DORE of and in behalf of said principal; and , he acknowledge of said principal.
	Before me:
(Official Seal)	Quille & m
	(Signature)
	Notary for Carkeseres Oregon MY COMMISSION EXPERSES:
	8-5-83
STATE OF COM INCOMMENT OREGON	
County of Klamath ss.	도 경험하고 하고 하는 경험 기업을 다고 보다
DE IT TO	
BE IT REMEMBERED, That on this helore me, the undersigned, a Notary Public timed	3 day of January , 19 81, and for said County and State, personally appeared the within
Tuble in a	and for said County and State, personally asset, 19 81,
EDW.	ARD C. DORE
of nowledged to me that he had individual	described in and who executed the within instrument and ONY WHEREOF
IN Troms	the same freely and voluntarily.
TESTIM!	
	my official seal the day and year last above written
	July 1
	My Commission excitation CANNERS OREGIN
	My Commission expires 8-5-83
그는 회사는 경험을 이 병원들을 받았다.	
STATE OF OREGEN; COUNTY (OF VIANA-II
Filed for record at request of	YI NLAMAIH; SS.
this 13+b down the	
duly seed the	A. D. 19 81 at 3:45 o'clock PM., and
duly recorded in Vol. M87	
	on Page 6599
	By ADD GOOD COUNTY Clerk
	2) LNY