FORM No. 15-POWER OF ATTORNEY.

84-FE0-7-P11-148

KNOW ALL MEN BY THESE PRESENTS, That I,Gerald E. Flocchini

have made, constituted and appointed and by these presents do make, constitute and appoint

my true and lawful attorney, for me and in my name, place and stead and for my use and benefit, to be

responsible for and to have the responsibility of all matters concerning my son TODD GLEN FLOCCHINI, limited to school activities related to Klamath Union High School and any health or medical matters.

giving and granting unto my said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done, as fully, to all intents and purposes, as I might or could do if personally present, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to be done, by virtue hereof.

In construing this instrument and where the context so requires, the singular includes the plural. Dated 1917 17, 1984 ERALD E. FLOCCHIN STATE OF OREGON, County of KLHIMITT) ss. , 19 Personally appeared the above named GERALD E. FLOCCHIMI and acknowledged the foregoing instrument to be voluntary act and deed. Before me: (OFFICIAL SEAL) Notary Public for Oregon. My/commission expires 8 - 8 5 It n **OF ATTORNEY** STATE OF OREGON, (EORM No. 15) 22 I certify that the within instrument was received for record on the Zth. day of Fobruary , 1981: at 1:40 o'clock M., and recorded TO in book/reel/volume No. Math BPACE RESERVED on page 1046 or as document/fee/file/ FOR instrument/microfilm No. 33269 Record of Parton No. 13269 RECORDER & USE ALC or by of said County. AFTER RECORDING RETURN TO Witness my hand and seal of ERALD E FLOCCHINI County affixed. Evelyn Bield, County 3803 1608 57. - dier NAME ALL ZAMATA By ... NAME, ADDRESS, ZI Q____ Deputy