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| F 315 677 371  RECEIPT FOR CERTIFIED MAIL  NO INSURANCE COVERAGE PROVIDED—  SENTTO— (See Reverse)  ***********************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Streen G. Marlin Streen And In Streen Strate And In Streen | FECAL DELIVERY STRICTED DELIVERY SHOWTON MAD ALTE DELIVERY C STORY TO WHOM AND C STORY TO WHOM C S | STATE OF MECEN                                                                         | 1983   | 808                                                                                                                          |

OPTIONAL SERVICES CONSULT POSTMASTER FOR FEES

TOTAL

PS Form 3800, Apr. 1976

RETURN TO: NEAL W. BELL BELL & BELL P.D. DOX 497 STAYTON, DR 97383

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 12th day of March A.D., 19 84 at 3:36 o'clock P.M. and duly recorded in Vol M84, of Mortgages on page 307 Fee:

EVELYN BIEHN, COUNTY CLERK \_.Deputy