NAME, ADDRESS, ZIF

By .....Deputy

	•		
STATE OF OREGON,	ss.		
County of Klamath			Í
On this the 27th	day of		I
who, being duly sworn (or affirmed), ERVIN F	did say that BICKFORD	he is the attorney in fact for and and and and he acknowl-	
that he executed the foregoing instru- edged said instrument to be the act ar	iment by author	nty of and in bottom	
L'SUBLIONS		Betorg me: Sandra Handssker	Ì
OF OR Entire		Notary Public for Oregon. My Commission expires 7-23-15	1
ATTORNEY IN FACT ACKNOWLEDGMENT Form No. 9-13 (Previous Form No. Form 159)			
	Commence of the Commence of th		
STATE OF OREGON: COUNTY OF FI hereby certify that the wirecord on the 28th day of and duly recorded in Vol_M8  Fee: \$ 8.00	June	rument was received and filed for  A.D., 1984 at 12:34 o'clock P on page 108  EVELYN BIEHN, COUNTY CLERK  by: Am Am, De	M, 353.• puty
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