FORM POWER OF ATTORNEY. 73986 KNOW ALL MEN BY THESE PRESENTS, That I, .... Thomas R. Holm ..... have made, constituted and appointed and by these presents do make, constitute and appoint have made, constituted and appointed and by these provide to make, whether the appointed and appointed and by these provides to make, whether the appointed and appointed and by these provides to make, whether the appointed and appointed and by these provides to make, whether the appointed and appointed and by these provides to make, whether the appointed and appointed and by these provides to make, whether the appointed and appointed and by these provides to make, whether the appointed and appointed and appointed and by these provides to make, whether the appointed and appointed and by the appointed and appointed and appointed and by the appointed and appointed appointed and appointed my true and lawful attorney, for me and in my name, place and stead and for my use and benefit, to â  $\sim$ 5 **C**1... 8 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 it personally present, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to be done, In construing this instrument and where the context so requires, the singular includes the plural. Dated April 28 , 19 87 mas ------STATE OF OREGON, County of ...Klamath......) ss. Personally appeared the above named \_\_\_\_\_ Thomas R. Holm \_\_\_\_\_ and acknowledged the foregoing instrument to be his voluntary act and deed. Before me: Allyanne L. Down (OFFICIAL SEAL) Notary Public for Oregon. My commission expires POWER OF ATTORNEY STATE OF OREGON (FORM No. 15) Thomas R. Holm I certify that the within instrument was received for record on the 29th. day of \_\_\_\_\_\_ April \_\_\_\_\_ 19 87 \_\_\_\_\_ at 12:560'clock P.M., and recorded in TO page 7238 or as fee/file/instru-Carol A. Holm CE RESERVED ment/microfilm/reception No. 73986 FOR Record of Power of Attorney RECORDER'S USE of said County. AFTER RECORDING RETURN TO Witness my hand and seal of Michael C. Miller County affixed. ......601. Main. St. ....Evelyn\_Biehn, County\_Clerk Klamath Falls, OR 97601 NAME, ADDRESS, ZIP Fee: \$5.00 By... Deputy