SHAREHOLDERS OF CEDARLEAF, INC. Rt. 3 Box 200 Klawath Falls, OR 97601 EMILY CEDARLEAF 392 Monroe Ct. NE Salem, OR 97301 GRANTEE'S NAME AND ADDRESS After recording return to: SAME AS GRANTEE NAME, ADDRESS, ZIF Until a change is requested all tax statements shall be sent to the following address. SAME AS GRANTEE

NAME ADDRESS, ZIF

County of \_\_\_\_Klamath

I certify that the within instrument was received for record on the 8th day of December , 19.87. at 3:57 ..... o'clock P...M., and recorded in book/reel/volume No..M87.....on page 22039 or as fee/file/instrument/microfilm/reception No.82345..., Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk

Fee: \$10.00

CE RESERVED

FOR

RECORDER'S USE