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To Whom It May Concern,

I, Doreen Marie Angeles AhNee, hereby gives my mother Sonja B. Drake the Authority to treat my son Benny Alexandee Samosan. She has my permission for any treatment my son may need. Second in line, if any thing happens to Sonja B. Drake, I hereby give Dennis Drake the Authority to treat Benny Alexander Samosan.

Mahalo,

Doreen Marie Angeles AhNee

Doreen Marie Angeles AhNee

In witness whereof the undersigned has hereunto set her hands & seals:

Doreen Marie Angeles AhNee

Subscribed and sworn to before me this 9th day of October, 1990.

Notary Public
State of Hawaii
My commission expires: 4/2/93

STATE OF OREGON, County of Klamath ss.

Filed for record at request of:

on this 12th day of Oct. A.D., 19 90
at 11:12 o'clock A M. and duly recorded
in Vol. M90 of Power of Attorney Page 20633
Evelyn Biehn County Clerk
By Deputy.

Fee. $5.00
cc 1.00

'90 OCT 12 AM 11 21

Returns: Sonja B. Drake
1217 California
Klamath Falls, Or. 97601