Recording Officer

_ Deputy

NAME, ADDRESS, ZIP BILL MIDDLEBROOK AND TRACEY MIDDLEBROOK

NAME, ADDRESS, ZIP

P.O. BOX 552

MALJIN, OR 97632

	NO 200
IL-PURPOSE ACKNOWLEDGMENT	CAPACITY CLAIMED BY SIGNER
State of	INDIVIDUAL(S) CORPORATE OFFICER(S) ITITLE(S) PARTNER(S) ATTORNEY-IN-FACT TRUSTEE(S) SUBSCRIBING WITNESS GUARDIAN/CONSERVATOR OTHER: SIGNER IS REPRESENTING: NAME OF PERSON(S) OR ENTITY(IES)
ATTENTION NOTARY: Although the information requested below is OPTIONAL, it could prevent fraudulent attachment of this Cartificate to unauthorized document. THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT: Signer(s) Other Than Named Above STATE OF OREGON: COUNTY OF KLAMATH: ss.	
Filed for record at request of	10001000
of <u>Deeds</u> on rage 104. Evelyn Biehn FEE \$35.00 By Quilence	County Clerk Mullendere