| My commission expires: | Му | commission expires |
|--|------------|--------------------|
| PARTIFIC STRUCT COMPRATION LOST FRAMIUNO # 204 LOS VEROS UN 89119 GRANTON'S NAME AND ADDRESS MICHAEL E LOWS A1865 NW KAY PD HILLIBORO OR 97144 GRANTERS NAME AND ADDRESS | | SPACE RESERVE |
| | | SPACE REBERVE |
| After seconding return to: ACIPIC SERVICE ORDORATION | | RECORDER'S USI |
| 2001 & FLAMINGO #ZOY | ********* | |
| LAS VERAS NO 19119 | | l |
| NAME, ADDRESS, TIP | |] |
| Until a change is requested all fax statements shall be sent to the following | g address. | _ |
| 10 GEANTEE | | |
| NAME, ADDRESS, ZIP | | Fee \$30.00 |
| The state of the s | | |

I certify that the within instrument was received for record on the 14th day of April ,19 92, at 11:01... o'clock .A..M., and recorded in book/reel/volume No..... M92..... on page77.55..... or as fee/file/instrument/microfilm/reception No..43455..., Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, County Clerk

By Quelene Millendthe Deputy