<u>192 SEP 29 PH 3000 Mar 100 1700 Vol. m92 Page.</u> Hope J. Easley FORM Ne. 15-POWER OF ATTORNEY PH 3 08 \*97 SEP 29 51550 KNOW ALL MEN BY THESE PRESENTS. That I. have made, constituted and appointed and by these presents dc make, constitute and appoint my true and lawful attorney, for me and in my name, place and stead and for my use and benefit, to che sues fits in case I should 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. September 29, ...., 19 92 by virtue hereof. Dated ..... Klamath .) ss. STATE OF OREGON, County of ..... This instrument was acknowledged before me on Hope Jennie Easley September 29 bv OFFICIAL SEA Notary Public for Oregon My commission expires April 16, 1995 SHIRLEY J. DRUMM NOTARY PUBLIC-OREGON COMMISSION NO. XPIRES AF 16 STATE OF OREGON, SS. POWER TATE RAN County of .....Klamath (FORM No. 15) I certify that the within instrument was received for record on the 29th day of \_\_\_\_\_\_ Sept. \_\_\_\_\_ 19 92, at 3:08.... o`clock .....M., and recorded in book/reel/volume No. M92 on TO SPACE RESERVED ment/microfilm/reception No. \_\_\_\_51550 FOR Record of \_\_\_\_ Power of Attorney RECORDER'S USE of said County. Witness my hand and seal of County affixed. AFTER RECORDING RETURN TO Evelyn Biehn, County Clerk Glory Reinholt TITLE 2545 Orchard Way NAME By Dauline Mulindare Deputy Klamath Falls, OR 97601 Fee \$5.00 NAME, ADDRESS, ZIP

6.00