Chiloquin, OR 97624

Recording Officer

Deputy

100 100	***************************************	CONTROL INVIDENCE
itate of California		CAPACITY OF AUGUST BY STONE
county of abe		Though statute does not require the Notary
	_ , , , , , , , , , , , , , , , , , , ,	fill in the data below, doing so may prov
may 12/1943 XHA	100 R KOlphan Notary Hobber	invaluable to persons relying on the documen
on before me,	NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTAR CHUBLIC"	Z/NDIVIDUAL
ersonally appeared (level 10	Dreo Inistro D. Ju God to	CORPORATE OFFICER(S)
ersonally appeared to the	M I MARISTOF SIGNER(S), OLD	TITLE(S)
personally known to me - OR - pro	ved to me on the basis of satisfactory evidence	PARTNER(S) LIMITED
"	to be the person(s) whose name(s)(is)ar	e GENERAL
	subscribed to the within instrument and ac	ATTORNEY-IN-FACT
	knowledged to me that he/she/they execute	d TRUSTEE(S)
	the same in his ner their authorize	
OFFICIAL NOTARY SEAL	capacity(ice), and that by his/her/thei	
STACIE R. ROBBINS Notary Public — California	signature(s) on the instrument the personits), —
LAKE COUNTY	or the entity upon behalf of which the person(s) acted, executed the instrument.	е —
My Comm. Expires MAY 16,1995	person(s) acted, executed the institution.	SIGNER IS REPRESENTING:
	WITNESS my hand and official seal.	NAME OF PERSON(S) OR ENTITY(JES)
	$\bigcap_{i \in \mathcal{I}} \mathcal{I}_i$	Gotshalk Sami
	Attoolo Klytoloho	TRUST
	SIGNATURE OF NOTARY	- - Ku 31
·····································	OPTIONAL SECTION	an additional this extra requirements to make the construction
HIS CERTIFICATE MUST BE ATTACHED TO	TITLE OR TYPE OF DOCUMENT	alty Med
THE DOCUMENT DESCRIBED AT RIGHT:	NUMBER OF PAGES NUMBER OF PAGES DATE OF DOC	10Mpany 5-12-93
hough the data requested here is not required by law,	SIGNED(S) OTHER THAN NAMED ABOVE	the second of
could prevent fraudulent reattachment of this form.	SIGNER(S) OTHER THAN NAMED ABOVE	***************************************
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STATE OF OPEGON, GOLINTY OF K		
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	Evelyn Biehn	
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