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STATE	OF OREGON					
STATEMENTS OF ASSIGNMENTS	CONTINUATION, R		4	5-17-93		
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THIS FORM FOR C	OUNTY FILING					
		Cou	unty Filing Officer Use (Only		
This STATEMENT is presented 1A. Debtor Name(s):	d to the county filin	g officer pursuant to the U 2A. Secured Party Name(s):		Code. 4A. Assignee of Seco		-
James F. Bourque		Georgia L. Br	, 영화 영상 전 전 영상 영화 영상		uicu r ariy (+ ariy).	
Jacqueline Reid 1B. Debtor Mailing Address(es):		2B. Address of Secured Pau	rtv from	48. Address of Assid	maa-	
P. O. Box 1227		which security information		40. 100/055 0/ 1550	jiico.	
Ashland, OR 9752	20	6238 Shasta Klamath Falls				
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