NAME, ADDRESS, ZIP Until a change is requested, all tax statements shall be sent to the following address: Linda Stelle P.O. Box 221 Klamath Falls, Or. 97601 NAME, ADDRESS, ZIP

ment/microfilm/reception No.62980 Record of Deeds of said county.

Witness my hand and seal of County affixed.

Evelyn Biehn, county Clerk

By Doulene Millendal Deputy Fee \$30.00