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Return to:

First American Title CO. P.O. Box 4620 Sunriver OR 97707

STEVENS, NESS LAW FUB. CO , PORTLAND. DRE.

AFTER RECORDING RETURN TO

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503 389 2180 F.02/02

I certify that the within instru-

ment was received for record on the

25th...day ofApril...., 19. 94

at 11:50 o'clockA ... M., and recorded

in book/reel/volume No... M94....... on

page __12328 ___ or as fee/file/instru-

ment/microfilm/reception No. ...7.967.6.,

Record of Power of Attorney

Evelyn Biehn, County Clerk

By Mullendow Peputy

Witness my hand and seal of

of said County.

County affixed.

(18) Generally to conduct, manage and control all my husiness and my property, wheresoever situate, as my said attorney may deem for my best interests, hereby releasing all third persons from responsibility for the acts and I hereby give and grant unto my said attorney full power and authority freely to do and perform every act and thing whatsoever requisite and necessary to be done in and about the premises, as fully to all intents and purposes, as I might or could do if personally present, hereby ratifying and confirming all that my said attorney-in-fact shall law-In construing this power of attorney, it is to be understood that the undersigned may be more than one person or a corporation, and where the context so requires, the singular includes the plural and all grammatical changes shall be implied to make the provisions hereof apply equally to corporations and to individuals. This power shall take effect: (delete inapplicable phrase) a) on the date next written below; b) if given by an individual, on the date said individual shall be adjudged incompetent by a court of proper jurisdiction. My said attorney and all persons unto whom these presents shall come may assume that this power of attorney has not been revoked until given actual motice either of such revocation or of my death. IN WITNESS WHEREOF, I have signed this instrument, or if a corporation, caused its name to be signed and its seal affixed by an officer or other person duly authorized to do so by order of its board of directors, on this meiled & malle Michael P. Mullikin STATE OF OREGON, County of ____Lane_____) ss._____) ss.______ This instrument was acknowledged before me on April 4 , 19 94, by Michael P. Mullikin Sandra K to away Sandra K. Massey Notary Public for Oregon OFFICIAL SEAL My commission expires 11/15/97 SANDRA K. MASSEY NOTARY PUBLIC - OREGON COMMISSION NO.029685 MY COMMISSION EXPIRES NOV. 15, 1997 General Power of Attorney STATE OF OREGON, County of Klamath FORM No. 853)

SPACE RESERVED

FOR

RECORDER'S USE