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SAM Care Centers, LLC
1970 E. 17th Street Suite 103
Idaho Falls, ID 83404
Grantor's Name and Address

Americare, LLC
1970 E. 17th Street
Suite 103
Idaho Falls, ID 83404
Grantee's Name and Address

After recording, return to (name, address, zip)
Americare, LLC
1970 E. 17th Street
Suite 103
Idaho Falls, ID 83404

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State of Oregon, County of Klamath
Recorded 01/23/2004 3:21 p m
Vol M04 Pg 4460
Linda Smith, County Clerk
Fee \$ 21⁰⁰ # of Pgs 1

QUITCLAIM DEED

THIS INDENTURE is made this 14th day of January, 2004, between the SAM Care Centers, LLC, the Grantor, and Americare, LLC, the Grantee,

WITNESSETH, that the Grantor, for and in consideration of the sum of Ten Dollars (\$10.00) lawful money of the United States of America and other good and valuable consideration to the Grantor in hand paid by the Grantee, the receipt whereof is hereby acknowledged, does by these presents remise, release and forever QUITCLAIM unto the Grantee, and to the Grantee's heirs, successors and assigns forever, all of the Grantor's right, title and interest in that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or in any way appertaining, situated in the County of Josephine, State of Oregon, described as follows, to-wit:


Lots 14 and 15, Tract 1301 Basin View Estates, Klamath County, Oregon;

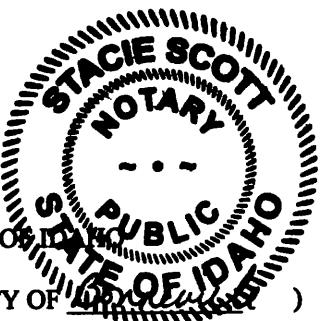
Street address is 668 Homedale, Klamath Falls, OR 97603

TO HAVE AND TO HOLD the premises and the appurtenances unto the Grantee, and to the Grantee's successors and assigns forever.

In construing this Quitclaim Deed and where the context so requires, the singular includes the plural, and all grammatical changes shall be made so that this deed shall apply equally to corporations and individuals.

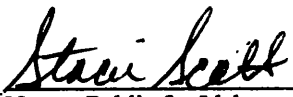
IN WITNESS WHEREOF, the Grantor has executed the within instrument the day and year first written above; if grantor is a corporation, it has caused its name to be signed and its seal, if any, affixed by an officer or other person duly authorized to do so by order of its board of directors.

SAM Care Centers, LLC

BY: Brett Wright
TITLE: Manager

STATE OF IDAHO)
COUNTY OF ADAMS) ss.


On the 14th day of January, 2004, before me, the undersigned, a Notary Public, in and for the State of Idaho, personally appeared Brett Wright, known or identified to me to be the Manager of the SAM Care Centers, LLC and the person who executed the foregoing instrument and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year in this certificate first written above.


Notary Public for Idaho
Residing at Idaho Falls, ID
My Commission expires: 06/06

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