Commissioner John Koskinen or his assigns c/o Internal Revenue 1111 Constitution Ave. Washington, DC 20224-0002

DOC # 0149930

07/13/2016

01:23 PM

Official Record

Recording requested By CHERYL MARIE CARTER FAMILY TRUST

Lincoln County Leslie Boucher - Recorder

Fee: \$44.00

Page 1 of 6 Recorded By: HB

Book- 304 Page- 0707

County Recorder's Stamp (above)

Please take notice of the enclosed documents: * Authentication of the long form Certificate of Live Birth for Cheryl Marie Carter, and recording of the

* UCC-1 Financing Statement

same under an Affidavit of Ownership.

February 29, 2016 Dear Commissioner,

Kindly enter this status change onto your Internal Revenue Master File so that all US Government agencies can update their respective files appropriately.

Cheryl Marie Carter has perfected a security interest as per the revised Article 9 Requirements. This is an estoppel against any other claim made by any other entity.

Cheryl Marie Carter is a private woman, an American National, & Non-Resident Alien, born in a state of the Union, within the united States of America, (the country), and without the UNITED STATES CORP., and all of its subsidiaries, both STATE and FEDERAL.

Cheryl Marie Carter is not now, nor have I ever, knowingly, voluntarily, and intentionally been, a US Citizen,

Cheryl Marie Carter is not an enemy of the state as per Title 50 of the US Code, Trading With the Enemy Act, but is at peace with all men.

Cheryl Marie Carter is not an "animal," and is not subject to any statute, policy, regulation, law, or the like, which uses the term "humans and/or 'other' animals."

Thank you for your assistance in this matter.

Sincerely.

Capter, sui juris

February 29, 2016 Date

, a Notary Public residing in Jase Dhine

do state that on the above date, a woman who properly identified herself as Cheryl Maric Carter, did affix her autograph to the above writing.

> OFFICIAL STAMP **LISA RICHARDSON** NOTARY PUBLIC - OREGON COMMISSION NO. 939798 MY COMMISSION EXPIRES JUNE 11, 2019

My Commission Expires: June 11, 2019

Notary Stamp

United States of America



DEPARTMENT OF STATE

To all to whom these presents shall come, Greetings:

I Certify That the document hereunto annexed is under the Seal of the State(s) of California, and that such Seal(s) is/are entitled to full faith and credit.*

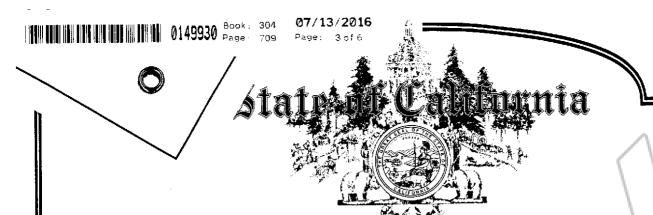
*For the contents of the annexed document,the Department assumes no responsibility This certificate is not valid if it is removed or altered in any way whatsoever

In testimony whereof, I, John F. Kerry, Secretary of State, have hereunto caused the seal of the Department of State to be affixed and my name subscribed by the Assistant Authentication Officer, of the said Department, at the city of Washington, in the District of Columbia, this twenty-fourth day of December, 2014.

Issued pursuant to CHXIV, State of Sept. 15, 1789, 1 Stat. 68-69; 22 USC 2657; 22USC 2651a; 5 USC 301; 28 USC 1733 et. seq.; 8 USC 1443(f); RULE 44 Federal Rules of Civil Procedure. Secretary of State

By

Assistant Authentication Officer, Department of State



SECRETARY OF STATE

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That, Dean C. Logan whose name appears on the annexed certificate, was on October 29, 2014, the duly qualified and acting Registrar-Recorder/County Clerk of the County of Los Angeles, in said State.

That the seal affixed thereto is the seal of said County; that the signature thereon appears to be the signature of Dean C. Logan and that the annexed certificate is in due form and by proper officer.

In Witness Whereof, I execute this certificate and affix the Great Seal of the State of California this 18th day of November 2014.



Detre Bowen

Secretary of State

BY Suddle OSP 12 128262





DISTRICT NO DISTRICT NO.	REGISTRAR'S NO.
1. DERUL MARIE ARTER SORALI	\ \
FULL NAME OF CHICO	
2. PLACE OF BIRTH: (A) COUNTY JOS HAJOLOS 3. USUAL RESIDENCE OF MOTHER:	(A) LENGTH OF RESIDENCE IN CAUFORNIA:
(B) CITY OR TOWN OF STATE OF TOWN MINTS, WHITE RURAL (B) STATE	4627
(C) NAME OF HOSPICAL OF INSTITUTION	TIANS MONTHS BASE
IF NOT IN HOSPITAL OR INSTITUTION, G. PLETRET HUMBER OR LOCATION IN CHIEF CHIEF CHIEF CHIEF CHIEFE	VEAR MONTHS DAYS
(D) MOTHER'S STAY BEFORE DELEGENCE IN THIS COMMUNITY OF THE CONTROL OF THE PROPERTY WHETHER YEARS MONTHS OR DAYS. (E) STREET AND NUMBER 15.	COX HOE
4 SEX 5 TWIN OR IF SO BORN 6. NUMBER OF MONTHS 7. DATE OF	
TRIPLET IST ZD 3D OF PREGNANCE BIRTE	1192401/1947
8. FULL FATHER OF CHILD MOTHER OF	CHILD
NAME A SIL THE ATTERNATION 15, FULL	
9. COLOR MAIDEN MADE NAME OF THIS BIRD VEGS 16. COLOR	The Themas
THE PERSON OF RESIDERATIN CALIFORNIA CEARS MONIES DAYS	AGE AT TIME OF THIS BIRTH
12. BIRTHPLACE 18. BIRTHPLACE	VETAS VETAS
13. USUAL OCCUPATION MARKET 19. USUAL OCCUPATION	FINE WHEE
14. INDUSTRY OR BUSINESS 20. INDUSTRY OR BUSINESS	Sud Mante
21. CHILDREN BORN TO THIS MATHER: 22. MOTHER'S MAILING ADDRESS FOR	BEGISTRATION NOTICE:
(A) HOW MANY OTHER CHILDREN OF THIS MOTHER ARE NOW LIVINGS	COX HUE
(B) HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT AREMOW DEADIL	210
(G) HOW NANY CHILDREN WERE GORN DEADY.	- BUTTERNIA
23. I HEREBY CERTIFY, THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE AT THE HOUR OF . 05	ON THE DATE ABOVE STATED AND THAT
THE INFORMATION GIVEN WAS FURNISHED BY ADNOLS CHAPLE REPORT TO THIS WHILE A	193111512
24. DATE RECEIVED BY LOCAL REGISTRAR ATTENDANT'S OWN SIGNATURE	want from
25. REGISTRAR'S SIGNATURE M.D., MIGWIFE DE OTGER	SIGNED
26. GIVEN NAME ADDRESS DATE	76-1
27. (A) PREGNANCY, CONFLICATIONS OF MON	1
(X) DID THE BADY HAVE ANY	
(B) LABOR, COMPLICATIONS OF: (D) CONGENITAL MALFORMATION	Describe:
(C) WAS THERE IN OPERATION STATEMAND INDUCED BIRTH INJURY! DESCRIBE	f:
Mily wellesens no worth our is TXS A SEROLOGICAL YEST MADE FOR SYPH	Stie la Tuie voruent Des
(W) WAS A PROPHYLACTIC DRUG USED IN THE BANYS EYEST TO IF SO AT WHAT REBICA OF CESTATIONS	3
IF YES, STATE ORBIT	nos.

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

DEAN C. LOGAN
Registrar-Recorder County Clerk

1000000220044*

ying the Seal and Signature of the Registrar-Recorder/County Clerk.



CAVE JUNCTION STATE POSTAL CODE COUNTY POSTAL CODE COUNTY POSTAL CODE COUNTY POSTAL CODE POSTAL CODE POSTAL CODE COUNTY POSTAL CODE						
MAILING ADDRESS CITY STATE POSTAL CODE COLOR					\wedge	
DEBTOR'S NAME Provide only ggg Datter name (19 or 10) (lose seasct, full name, do not only, modify or allowed principles with provide the individual Solidor of the 20 season of the 20 seaso	A. NAME & PHONE OF CONTACT AT FILER (optional)				\ \	
Cheryl Marie Carter c/o Post Office Box 643 1. DEBTOR'S NAME. Provide only and Seldor name (1x or 1b) (ose exact, full name; do not ordi, imodity, or absolute any pain of the Debtor name; if any part of the Debtor name; i	, , ,				\ \	
Cave Junction, Oregon 1. DEBTOR'S NAME: Provide only and Debtor name (1s or 1b) (use exact, full name; to not orat, incotity, or abbrowate any part of the Debtor's name); if any part of the light-violate name within of the line 1b, leve all of term 1 blank, check here and provide the Individual Debtor Information in Item 10 of the Pinancing Statement Addendum (Form UCC):Ad) Tax. DROADATORYS MAME: Provide only and Debtor name (2a or 2b) (use exact, full name, do not oring, modify, or abbrordate into part of the Debtor name will not fit in fine 2b, lever at of term 2 blank, check here and provide the Individual Debtor Information in Jetim 10 of the Pinancing Statement Addendum (Form UCC):Ad) Tax. DROADATORS NAME: Provide only and Debtor name (2a or 2b) (use exact, full name, do not oring, modify, or abbrordate into part of the Debtor name will not fit in fine 2b, lever at of term 2 blank, check here and provide the Individual Debtor Information in Jetim 10 of the Pinancing Statement Addendum (Form UCC):Ad) Tax. DROADATORS NAME: Provide only and the information in Jetim 10 of the Pinancing Statement Addendum (Form UCC):Ad) Tax. DROADATORS NAME: Addendum (Form UCC):Ad)	C. SEND ACKNOWLEDGMENT TO: (Name and Address)				\ \	
Non-domestic THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DESTOR'S NAME: Provide only gain Debtor name (1s or 1b) (and exact, full name, do not only, foothly, or abbreviate may pain of the Debtor's name). If any part of the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCITAH) 1st. ORGANIZATIONS NAME: Provide carry gain Debtor name (2s or 2b) (and exact, full name, do not offer, modify, or abbreviate in item 10 of the Financing Statement Addendum (Form UCITAH) 1st. ORGANIZATIONS NAME: Provide carry gain Debtor name (2s or 2b) (and exact, full name, do not offer, modify, or abbreviate may pain of the Debtor's name, if any part of the Individual Debtor Information in Item 10 of the Financing Statement Addendum (Form UCITAH) 2s. DESTOR'S NAME: Provide carry gain Debtor name (2s or 2b) (and exact, full name, do not offer, modify, or abbreviate may part of the Debtor's name, if any part of the Individual Debtor Information in Item 10 of the Financing Statement Addendum (Form UCITAH) 2s. ORGANIZATIONS NAME: Provide carry gain Debtor name (2s or 2b) (and exact, full name, do not offer, modify, or abbreviated may part of the Individual name will not film the 2s item and and provide the Individual Debtor Information in Item 10 of the Financing Statement Addendum (Form UCITAH) 2s. INDIVIDUAL'S SURNAME PROSTAL CODE 2s. INDIVIDUAL'S SURNAME PROSTAL CODE COUNTY 3s. SECURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY): Provide only gain Secured Party name (2s or 3b) 3s. ORGANIZATIONS NAME PROSTAL CODE COVA COLLATERAL**This financing statement covers the following collators: Document(s) 5. Check aggly is applicable and check gray one box: Collational Manufactured from a Transaction Provided the provided in the Individual Debtor of Individual Debtor in a Transition of Individual Debtor in a Transition of Individual Debtor in Individual Debt	c/o Post Office Box 643 Cave Junction, Oregon					\
1. DESTOR'S NAME. Provide only one Debtor name (1a or 1b) (one exact, full name of once orns, modify, or abbreviate any point of the Debtor's name), if any part of the Ibdividual pobler information is litered to the Primaring Stafement Addendum (Form UCCIAd) Ta. ORGANIZATION'S NAME. CHERY'L MARIE CARTER (TRUST) To. INDIVIDUAL'S SURMAME If IRST PERSONAL NAME POSTAL CODE COUNTY ON NAME POSTAL CODE POS						
Ta. CORCANIZATION'S MAKE CHERYL MARIE CARTER (TRUST) To. INDIVIDUAL'S SURNAME IT. MALINIO ADDRESS CAYE JUNCTION CAYE JUNCTION TO RESTORMANDE POSTAL CODE COUNCIDE POSTAL CODE COUNCID POSTAL	DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full					
CHERYL MARIE CARTER (TRUST) RINGVIDUAL'S SURNAME FIRST PERSONAL NAME	name will not fit in line 1b, leave all of item 1 blank, check here and provide					
16. MALING ADDRESS PO BOX 643 2. DEBTOR'S NAME: Provide only gig Dedot name (2a or 2b) (use exact, full name, do not orint, motify, or abbreviate any part of the Debtor's name), if any part of the Individual name will not it in time 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1at) 2a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S) SUFF	CHERYL MARIE CARTER (TRUST)			1		
PO BOX 643 CAVE JUNCTION OR 97523 US DEDTOR'S NAME: Provide only gas Debtor name (2a or 2b) (use exact, full name, do not orint, modify, or abstractive any part of the Debtor's harms, if any part of the Individual name will not fit in line 2b leave at of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1ds): 2a ORGANIZATION'S NAME PRIST PERSONAL NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S) SUFF CHOPY STATE POSTAL CODE COUNTY SCHOOL PARTY'S NAME (in NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gas Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME Cherry Marie Carter The Individual's SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S) SUFF Cherry Marie Carter The Individual's SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S) SUFF Cave Junction CITY Cave Junction STATE POSTAL CODE POSTAL CODE ON POSTAL CODE To STATE	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	1	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Table will not fit in fine 2b, leave at of liters 2 blank, check here and provide the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC14e) 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME 2c. MAILING ADDRESS 2c. MAILING			ON			COUNTRY
2a_ ORGANIZATIONS NAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S) SUFF						
2c. MAILING ADDRESS CITY STATE POSTAL CODE COUN S. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY); Provide only one Secured Party name (3a or 5b) 3a. ORGANIZATION'S NAME Cheryl Marie Carter OR 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(SJINITIAL(S)) SUFF COV 7901 Caves Highway, Space Number 12 CITY Cave Junction STATE POSTAL CODE OR 197523] US 5. Check only if applicable and check only one box: Document(s) FILE NO; 3477 5. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction Manufactured-Home Transaction Manufactured-Home Transaction Consignee/Consignor Seller/Buyer Balter/Baltor Leansee/Loce Balter/Baltor Leansee/Loce Coun Counting Statement Code Counting Code Counting Statement Code Counting Code						
2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTY STATE POSTAL CODE CHERY I Marie Carter 3a. ORGANIZATION'S NAME CHERY Marie Carter OR 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFF COUNTY CAVE JUNCTION OR POSTAL CODE COUNTY CAVE JUNCTION OR POSTAL CODE COUNTY CAVE JUNCTION OR POSTAL CODE OR POSTAL CODE COUNTY CAVE JUNCTION OR POSTAL COUNT	OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		TADDITIO	NAL NAME(SVINITIAL(S)	SUFFIX
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME Cheryl Marie Carter 3b. INDIVIDUAL'S SURNAME 3c. MAILING ADDRESS c/o 7901 Caves Highway, Space Number 12 CTY Cave Junction STATE POSTAL CODE OR [97523] US 5. Check only "applicable and check only one box: Collaferal is held in a Trust (see UCC1Ad, item 17 and instructions) being administered by a Decedent's Personal Repress 6a. Check only "applicable and check only one box: Base Check only "applicable and check only one box: Check only "applicab			1 1		(1)	
Chery I Marie Carter OR 3b. INDIVIDUAL'S SURNAME State POSTAL CODE	2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
Cheryl Marie Carter First Personal Name City Cave Junction City Cave Junction City Cave Junction City Cave Junction Councies FILE NO: 3477 Check only flapplicable and check only one box: Collaferal isheld in a Trust (see UCC1Ad, item 17 and Instructions)being administered by a Decedent's Personal Repressorationwas a pricable and check only one box:	3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	JRED PARTY): Provide only one	Secured Party nam	e (3a or 3b)	
36. MAILING ADDRESS C/O 7901 Caves Highway, Space Number 12 Cave Junction CITY Cave Junction STATE POSTAL CODE OR [97523] US 4. COLLATERAL: This financing statement covers the following collateral: Document(s) FILE NO; 3477 5. Check only fi applicable and check only one box: Collateral isheld in a Trust (see UCC1Ad, item 17 and Instructions)being administered by a Decedent's Personal Repression. 6a. Check only fi applicable and check only one box: [Public-Finance TransactionManufactured-Home TransactionV A Debtor is a Transmitting UtilityAgricultural LienNon-UCC Filling 7. ALTERNATIVE DESIGNATION (if applicable):Lessee/LessorConsigner/ConsignorSeler/BuyerBailee/BailorLicensee/Licen	Cheryl Marie Carter	\ \		70"		
c/o 7901 Caves Highway, Space Number 12	OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
5. Check only if applicable and check only one box: Collateral isheld in a Trust (see UCC1Ad, item 17 and Instructions)being administered by a Decedent's Personal Repres 6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filling 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licenser Licensee/Licenser Seller/Buyer Bailee/Bailor Licensee/Licenser Licenser Licenser Licenser Licenser Licenser Licenser	3c. MAILING ADDRESS C/O 7901 Caves Highway, Space Number 12	Cave Junction				COUNTRY
FILE NO: 3477 5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Repres 6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filling 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consigner/Consignor Seller/Buyer Bailee/Bailor Licensee/						
5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Repres 6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignar Seller/Buyer Bailee/Bailor Licensee/Licen						
6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licens	FILE NO: 3477					
6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing 7. ALTERNATIVE DESIGNATION (If applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licens						
6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing 7. ALTERNATIVE DESIGNATION (If applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licens						
6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licens	\ / /					
6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing 7. ALTERNATIVE DESIGNATION (If applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licens						
6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing 7. ALTERNATIVE DESIGNATION (If applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licens						
6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licens						
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licens		(see UCC1Ad, item 17 and Instr.				-
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignar Seller/Buyer Bailee/Bailor Licensee/Licen		M A D-11	l <u>-</u>	_		
			, , ,			
ceauth	8. OPTIONAL FILER REFERENCE DATA:	consignee/consignor] Seller/Buyer	П дэ	nee/ballor LIC	SIISEE/LICENSOF

File No: CMC-AFFOWNR-BC001

	<u>AFF</u>	IDAVIT OF OW	<u>NERSHIP</u>	\wedge	
State of Oregon	}				
	} SS			\ \	
County of Josephine	}				
RE: Birth Certificate, (Certificate of Live B File #3477					
		<u>C</u> :0	ounty Recorder's	Stamp (above)	
			\		
I, the undersigned, of lawf recited, and the party name	ul age and being first ed in said deed is the	duly sworn on eath, d same party as one of t	lepose and state to he owners named	hat I am familiar with the in said deed/certificate of	facts f title.
		Tu (m Los		
	///	By: Cheryl Marie 6	erter, UCC1-308		
Signed and sworn to before	e me this twenty nint	h day of February, 20	16		
				OFFICIAL STAMP	

Notary Public

My Commission Expires: Jone 11, 2019

OFFICIAL STAMP
LISA RICHARDSON
NOTARY PUBLIC - OREGON
COMMISSION NO. 939798
MY COMMISSION EXPIRES JUNE 11, 2019

Notary Stamp