FORM JOS



(Acknowledgment—Attorney in Fact)

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	JNTY OF	Skamania	ss.						
	On this	3KD		lovember	o mm c	19 ⁵⁸ ,	before me pers	onally appear	•ed
and as A mer not	lacknowled Attorney in ntioned, an	d on oath sta ted and that t	strument as at the signed that the that the	ed and sealed tts and Lo Power of A	fact for the same as vena Potts	for rizing the ex	ree and volunta the uses and p ecution of this are	urposes there	ein Ias
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HOUSE SOUND THE SOUND THE INSURANCE COMPANY ASSIGNMENT OF MOU

JOHN A. POTTS et

TO J. C. PRICE

STATE OF WASHINGTON SS COUNTY OF SKAMANIA

I HEREBY CERTIFY THAT THE VINSTRUMENT OF WRITING, FILED BY

OF CITY AND CA 19

AT 1:00 P. WAS RECORDED IN BOOK 3.5

RECORDS OF SYCHMANIA COUNTY, COUNTY, AUD.

REGISTERED INDEXED INDEXED INDEXED IN STREET I

RECORDED:

MAILED