AFN #2011177717 Recorded 02/22/11 at 10:10 AM DocType: MFHOME Filed by: SKAMANIA COUNTY TITLE COMPANY Page: 1 of 2 Auditor Timothy O. Todd Skamania County, WA

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AFN #2011177717 Page: 2 of 2



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| NOTARY SEAL OR ST. | | NOTARIZ | ATION/CE | RTIFICA | TION FOR L | EGAL OWNER | S) SIGNATURE |
| OFFICIAL SEAL JESSICA KIRSCHNE OTARY PUBLIC - OREI COMMISSION NO. 430/ | R GON by | OSFAN | BY QU | Kna | AS sign | Signed or attests before me o | February 10, |
| ON EXPIRES JUNE 26 | . bv | BANKO F | | rica | NA P | TED NAME OF NOTA | |
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| DEALER NAME (TYPED OR F | PRINTED) | | / | · | | ER NUMBER | DATE OF SALE |
| PURCHASE PRICE | | ICTION/TAX RATE | | | | | |
| USE TAX EX | EMPT Sale to | a Certified Tribs | al member | on the res | ervation (atte | ach notarized stat | ement of delivery). |
| COUNTY AUDITOR | R/AGENT LIC | ENSING OFFICE | APPROV | AL: (Not | for use by | Subagents) | |
| I certify that the above a with the recording of thi | pplication appo | ears to have been | completed | correctly, | and the appl | licant has sufficien | nt documentation to proce |
| NAME (TYPED OR PRINTED) | | | | | COUNTY | OFFICE/VFS OPERAT | OR NUMBER |
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| For full inst | tructions on o | completing this e form TD-420 | form for 7 -730, Mai | Title Elim nufacture | ination, Re d Home A | moval from Rea pplication Instru | al Property or actions. |

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please cal (360) 902-3600 or TTY (360) 664-8885.