|  | Townsh          | 1ip 75                            |  | /,w.м.   |                          |               |
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|  | •               |                                   | North  |  | 7 \$                     |               |
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|  |                 | ) <u></u>                         |  |  |                          |               |
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|  | 5 P.R.R.        |                                   | +  |  |                          |               |
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|  | State St.       | ρ                                 |  |  |                          | - <b>50</b>   |
|  |                 | N.E. Cor. H                       | lauxhorst D.L.C  |  | , v                      |               |
|  | Locate          | well and acre                     | age of irrigated la  | nd on plat.  |                          | in the second |
|  |                 | Scale                             | #= 1 Mile 4"   |  |                          |               |
| STATE OF OREGON  | •               |                                   | Ss.  |  |                          |               |
| County of Mac  |                 |                                   |  |  |                          |               |
| I, Mallace   | tration Statem  | Plez                              | , being first d  | uly sworn; do  | hereby certify           | hat I h       |
| read the foregoing regis   | manon Dialem    | icite ante citat                  | an or the items  | therein contain  |                          | the best      |
| read the foregoing Regis<br>my knowledge and belie   | f.              | icii, and that                    | an of the items  | therein contain  | A                        | the bes       |
| my knowledge and belie   |                 |                                   | Wal  | lace L. (Signature of  | Doest                    | the bes       |
| my knowledge and belie  Subscribed and sw  |                 |                                   | Wal  | land I.  | Doest                    | ev .          |
| my knowledge and belie   | orn to before n | ne this <i>. 7.0</i>              | Wal  | land de signature of   | Socife Registrati) , 19. | ev .          |
| my knowledge and belie   | orn to before n | ne this <i>. 7.0</i>              | Wal  | land I.  | Socife Registrati) , 19. | ev .          |
| Subscribed and sw<br>My commission expires   | orn to before n | ne this <i>. 7.0</i>              | Wal  | land de signature of   | Socife Registrati) , 19. | ev .          |
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| Subscribed and sw<br>My commission expires (SEAL)  | orn to before n | ne this                           | Wal  | (Signature of  | Socife Registrati) , 19. | ev .          |
| Subscribed and sw<br>My commission expires (SEAL)  | orn to before n | ne this                           | Wal  | (Signature of  | Socife Registrati) , 19. | ev .          |
| Subscribed and sw.  My commission expires  (SEAL)  STATE OF OREGON  County of Marion   | orn to before n | ne this                           | day of   | (Signature of  | Registrant) , 19,        | Jev .         |
| Subscribed and sw. My commission expires. (SEAL)  STATE OF OREGON County of Marion This is to certify (  | orn to before n | ne this                           | day of   | (Signature of Notary F   | n the office of          | the St        |
| Subscribed and sw.  My commission expires  (SEAL)  STATE OF OREGON  County of Marion  This is to certify the state of the  | cell ss.        | ne this                           | day of  OF REGISTRAT   | (Signature of Signature of Sign | n the office of          | the St        |
| Subscribed and sw. My commission expires. (SEAL)  STATE OF OREGON County of Marion This is to certify (  | cell ss.        | ne this                           | day of  OF REGISTRAT   | (Signature of Signature of Sign | n the office of          | the St        |
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| Subscribed and sw.  My commission expires.  (SEAL)  STATE OF OREGON  County of Marion  This is to certify the state of the | ce in Book No   | ethis _3.0.  Partificate  Duly _3 | day of  OF REGISTRAT  ation Statement, 19.58, at of Registration | (Signature of Signature of Sign | n the office of          | the St        |
| Subscribed and sw.  My commission expires  (SEAL)  STATE OF OREGON  County of Marion  This is to certify the state of the  | ce in Book No   | ethis _3.0.  Partificate  Duly _3 | day of  OF REGISTRAT   | (Signature of Signature of Sign | n the office of          | the St        |
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