

MEHRTEN HOMER
PO BOX 485
FOSSIL OR 97830

FEES PAID		
Date	Amount	Receipt No.
6/2/03	800 ⁰⁰	60262
	Cert. Fee	

FEES REFUNDED		
Date	Amount	Check No.

_____ mailed _____
 _____ received _____
 Certificate issued _____

ASSIGNMENTS				
Date	To Whom	Address	Volume	Page

REMARKS

[illegible]