Name _ By _ Address	PO Box 99 Boring, OR 97009 Folkuar / 26,20/6		R-88185	Permit 1	No	R- 88185		ES PAID Date Date	Amount 863.00	Receipt No.
Priority F				MISFILED WITHDRAWN	Date	Volume Pa	ge FE	ES REFUNI Date	Cert. Fee NDED Amount	Receipt No.
RELATE	Clackwings D FILES	WM#;		GNMENTS						
Comple	PMENT etioned to			Date	To Whom				Address	
	roof receiveded Cert. Mailed					RE	MARKS _			
						MA	P LOCAT	TION		

Rev. 04/03

No alilanie