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Michael Stepovich

*MIKE STEP OVICH*

(Narrator's printed name)

(Date)

1677 Old Stage Road, Central Point, OR

(Narrator's printed mailing address)

*Mike Stepovich*

(Narrator's signature)

Dr. Terrence Cole

(Interviewer's printed name & signature)

(Date)

*Robyn L. Russell 8-25-05*

(Collection manager's signature)