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|                            |                                                                    |
|----------------------------|--------------------------------------------------------------------|
| Claim Number:              | 95-4511                                                            |
| Claim Fee:                 | \$25.00                                                            |
| Claimant(s):               | LEANING LINE INC.<br>1400 SW DAVENPORT ST<br>PORTLAND, OR<br>97201 |
| Claimed Purpose(s) of Use: | DOMESTIC                                                           |

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**Office address and phone number:**  
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