

POWER OF ATTORNEY AND AFFIDAVIT*

State of Oregon

) ss.

County of Clackamas

I, Michelle Pinner, being first duly sworn, depose and say: that I am the parent or legal guardian of, Charles Cooper and that I have given my consent and do hereby give my consent for him/her to reside with Tami Reel, whose address is 31646 SE Compton Rd. Beaverton, OR 97009 and phone number is 503-866-1481. I further give to Tami Reel full parental relationship with respect to my child, and certify that they have full custody and control in any matters pertaining to school enrollment, discipline, curriculum or any other school matters, including authority to authorize ordinary medical, dental, psychiatric, psychological, hygienic or other remedial care and treatment for my child, and where my child's safety urgently requires it, to authorize surgery or other extraordinary care. I certify that this granting of Power of Attorney is not for the primary purpose of attending a district school.

Parent or Guardian: [Signature]

Date: 8-31-15

Parent or Guardian: _____

Date: _____

Address/City/Zip: 6929 N Newcastle Portland OR 97217

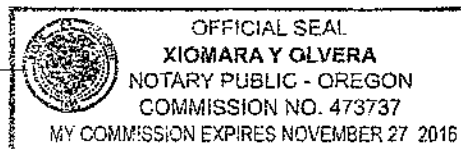
Phone Number: 503 756 1921

Subscribed and sworn to before me this 31st day of August, 2015.

[Signature]

Notary Public for

My commission expires: November 27, 2016



AFFIDAVIT

State of Oregon)
) ss.
County of Clackamas)

I/we, Encha Perez, being first duly sworn, depose and say; that I/we reside at 8146 SE Condon Rd
30500 27000, and that I/we have accepted and do hereby accept parental relationship and limited Power of Attorney as though I/we were the natural parent(s) with respect to Charles Carter. I/we understand that this parental relationship includes such obligations as physical custody and control of the child; the supplying of food, clothing, shelter and incidental necessities; care, education and discipline; and the authority to authorize ordinary medical, dental, psychiatric, psychological, hygienic or other remedial care and treatment for the child; and where the child's safety urgently requires it, to authorize surgery or other extraordinary care. I further understand and accept responsibility for the acts of this child under Oregon law, including responsibility for damages to any school property the child may cause up to \$5,000, and in any other matters pertaining to school, such as enrollment, discipline, or curriculum matters.

Encha Perez
Signature

8/31/15
Date

Signature

Date

Phone Number: 503-866-1481

Subscribed and sworn to before me this 31st day of August, 2015.

[Signature]
Notary Public for Oregon

My commission expires on: November 27, 2016

