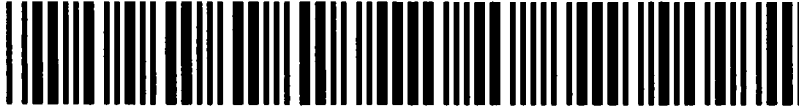


**VOL: 2000 PAGE: 33719**  
**RECORDED DOCUMENT**

STATE OF OREGON  
COUNTY OF DESCHUTES



\*2000-33719 \* Vol-Page

Printed: 08/23/2000 09:26:58

**DO NOT REMOVE THIS CERTIFICATE**

(This certificate constitutes a part of the original instrument in accordance with ORS 205.180(2). Removal of this certificate may invalidate this certificate and affect the admissibility of the original instrument into evidence in any legal proceeding.)

I hereby certify that the attached instrument was received and duly recorded in Deschutes County records:

DATE AND TIME: Aug. 23, 2000; 9:16 a.m.

RECEIPT NO: 25035

DOCUMENT TYPE: Covenants, Conditions &  
Restrictions

FEE PAID: \$36.00

NUMBER OF PAGES: 1

A handwritten signature in black ink, appearing to read "Mary Sue Penhollow".

MARY SUE PENHOLLOW  
DESCHUTES COUNTY CLERK

31 1573710-40  
36

2000-33719-1

After Recording return to:  
Blue Skies Development, Inc.  
3467 SW Dosch View Ct.  
Portland, OR 97201

AMENDMENT OF THE DECLARATIONS OF  
COVENANTS, CONDITIONS & RESTRICTIONS OF  
HOLLOW PINE ESTATES

Blue Skies Development, Inc. a registered Oregon Corporation, the Grantor under that certain Declaration of Conditions, Covenants and Restrictions recorded on October 1, 1999 in Volume 1999, Page 49315, Official Records in Deschutes County, Oregon, hereby desires to modify certain terms of the Declaration as follows:

The above described Declaration of Conditions, Covenants, and Restrictions will include the following described property:

All lots in Hollow Pine Estates Phase Two, Deschutes County, Oregon.

Dated this 29<sup>th</sup> day of March, 2000.

Blue Skies Development, Inc.

BY: James F. Cozzetto, Jr.  
James F. Cozzetto, Jr., President

State of Oregon        }  
                                  } ss.  
County Deschutes    }

on March 29, 2000 before me, Melissa S. Riverman, Notary Public, personally appeared James F. Cozzetto, Jr., President of Blue Skies Development, Inc.

personally known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Melissa S Riverman  
Notary Public for Oregon



FIRST AMERICAN TITLE  
INSURANCE COMPANY OF OREGON  
P.O. BOX 323  
BEND, OR 97709

RECORDED BY FIRST AMERICAN TITLE  
INSURANCE COMPANY OF OREGON AS AN  
ACCOMMODATION ONLY. NO LIABILITY IS  
ACCEPTED FOR THE CONDITION OF TITLE  
OR FOR THE VALIDITY, SUFFICIENCY, OR  
EFFECT OF THIS DOCUMENT.