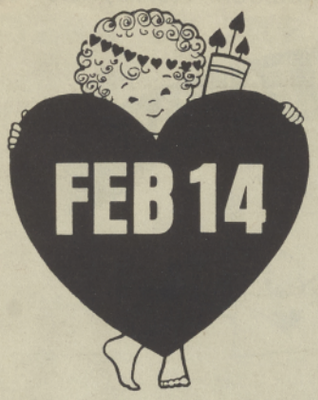

****

SPECIAL VALENTINE WISHES TO THOSE I LOVE: I WISH YOU HAPPINESS TODAY & ALWAYS. I LOVE YOU MOM, DAD & MICHELLE. HAPPY VALENTINES DAY!

JOLYNE

****

Happy Valentines Day to all my "Little Hearts"; Baby Richard, Chris, Ronnie, Shyla, Derek, Babe and Len. You keep me going. Special love to "Big D". Guess whats coming up! 36 years.....Lord!

Lots of Love,

Sas

Happy Valentines Day to all my friends out in La La Land. I'll miss you, but as always, I will be back, soon I hope.

Love Shirl

To Lucy...

Valentines Day comes but once a year.
The poets' are ready to publish their cheer.
My valentines wish to you will be clear,
Halloweens past our masks are all faded
If you'll remove yours, mine won't look outdated.

Chuckle..chuckle.....

Love Ethel
and "Happy Anniversary" too!!

ATTENTION TRIBAL MEMBERS

NOW IS THE TIME TO DIG OUT THAT FAVORITE RECIPE AND SHARE IT WITH YOUR FRIENDS!

THE POW WOW COMMITTEE IS SPONSORING A TRIBAL COOKBOOK. RECIPES MAY BE SUBMITTED TO EACH POW WOW COMMITTEE MEMBER. ADDRESSES LISTED BELOW:

Connie Hartt
23941 S. Engstorm Road
Colton, OR 97017

Bill Towner
6213 NE 72nd Ave.
Vancouver, WA 98661

Wilma Strong
P.O. Box 345
Siletz, OR 97380

Pauline Ricks
2660 N. 20th
Springfield, OR 97477

Jessie Davis
4729 Clark St. NE
Keizer, OR 97303

PLEASE SUBMIT YOUR RECIPES BY MARCH 1, 1990. BOOKS WILL BE ON SALE FOR $5.00 EACH.

DEATH BENEFIT BENEFICIARY DESIGNATION FORM

I _____ Hereby designate
(Please Print Full Name)

1st Beneficiary: _____
(Please print full name)

_____
Beneficiary's current address

_____
City State Zip Code

(____)_____
Beneficiary's telephone number

as my beneficiary for the $5,000 death benefit insurance.

_____/ _____
Signature Parent signature if minor

Social Security No._____ Roll No._____

Date of Birth _____ Date _____

Return completed form to:
Confederated Tribes of Siletz
D.B. Insurance
P.O. Box 549
Siletz, OR 97380

[ ] CHECK HERE IF THIS IS A CHANGE IN BENEFICIARY OR BENEFICIARY ADDRESS:

(OPTIONAL)
2nd Beneficiary: _____
(Please print name)

_____ (____)_____
Current address Phone No.

3rd Beneficiary: _____
(please print name)

_____(____)_____
Current address Phone No.