1984

ASSIGNMENT

Damon C. Holben of

WATER RESOURCES DEPT SALEM, OREGON

	(Mailing Address)	(City)	(State)	(Zip)
	do hereby assign all my in No. 6003 , Permit N			
	of the Water Resources Dir			
	Kennett	$\frac{1}{1}$ $\frac{1}$	sse11	
	P.O. Boy 89 (Mailing Address) 322 TELEPHONE NUMBER 496	wild Rivicity) Rose	(State) change One.	7003 (Zip) 97470
	WITNESS my hand this	1/M day of	July	_198 <i></i>
ATE OF CRECOMINATION. I certify that the day ock A.m., and cords, Vol.	the within was received by me	(Signature of Pe	Holben rmittee)	
				RECEIVED
				SEDG 1984
		NMENT IRIAM R. RO		SEPG 1984 WATER RESOURCES DEPT SALEM, OREGON of
	ORVILLE E. & N (Name of Period (Mailing Address)	IRIAM R. RO	ADY	WATER RESOURCES DEPT SALEM, OREGON of
Rt.	ORVILLE E. & N (Name of Peri	Coquille (City)	OR (State)	WATER RESOURCES DEPT SALEM. OREGON of 97423 (Zip)
Rt.	ORVILLE E. & N (Name of Period 1 Box 4099 (Mailing Address) sign all my interest in and 46177, of record in t	liRIAM R. Ro mittee) Coquille (City) to water right appl	OR (State) ication No.	WATER RESOURCES DEPT SALEM. OREGON of 97423 (Zip)
Rt. do here ass permit No. Dale	ORVILLE E. & M (Name of Pen 1 Box 4099 (Mailing Address) sign all my interest in and 46177, of record in t A. and Jacque (Na	IRIAM R. Ro mittee) Coquille (City) to water right apple the office of the Wa ine S. Bray me)	OR (State) cication No.	WATER RESOURCES DEPT SALEM. OREGON of 97423 (Zip) Coo59, Depart. to
Rt. do here ass permit No. Dale HC 8	ORVILLE E. & N (Name of Period of Period (Mailing Address)) Align all my interest in and H6177, of record in the Align Address) (Name of Period (Mailing Address))	liriam R. Ro mittee) Coquille (City) to water right apple the office of the Wa ine S. Bray me) Coquille (City)	OR (State) cication No.	WATER RESOURCES DEPT SALEM. OREGON of 97423 (Zip) Depart. to of
permit No. Dale HC 8 CATE OF OREGO county of Marion.	ORVILLE E. & No. (Name of Period Name of Period Box 4099 (Mailing Address) Align all my interest in and 46177, of record in the Align Address (Name of Period Align Address) WITNESS my hand this (Mailing Address)	IRIAM R. Ro mittee) Coquille (City) to water right apple the office of the Wa ine S. Bray me) Coquille (City) flay of Owille Ele	OR (State) cication No. ter Resources (State)	WATER RESOURCES DEPT SALEM. OREGON of 97423 (Zip) Depart. to of 7423 e) (Zip)