REGEIVED FEB & 1 1985 WATER RESOURCES DEPT SALEM. ORFGON

ASSIGNMENT

i, Anderson	Land 4 L	VESTOCH		
	Pilot	Rock,	Or	97868
(Mailing Address)		(City)	(Sta	ite) (Zip)
do hereby assign al G - 7/53 No. $G = 8658$ G = 89/0	l my interest Permit No. 6-8	in and to wat 6600 641 367 , as	er right	Application the office
of the Water Resour	ces Director,	to:		
David	L. Stein		d i	
	(Name	e)		
Rt 2 Box 20		Echo,	Or	97826
(Mailing Address)		(City)	(Sta	ite) (Zip)
TELEPHONE NUMBER _				
the within was received y of kpravn, 19 85	by me o lat 8:00 laneous (S	gnature of Pe	dand Mittee)	198 <u>5.</u> 1921/034
I, <u>CARL</u>			rry J	TANE SHEEDVO
	(Marie OI Leli	Ltteel		
	36 JOHN	DAY (DR.	97845
ling Address)	(City	·) ' '	(State)	(Zip)
by assign all my inte	rest in and to	water right	tt an higgs	on No. /- 47/
No. 48210 , as f	iled in the of	fice of the W	etan Pass	on no. <u>67777</u>
GERT D Bun	//=-=	(C	ater Rego	urces Director,
2 10 -	(Name)	SHIRLE	Y M.	BURNE
130x 100	(ANYON	CITY,	DR.	97820
ing Address)	(City) ' '	(State)	(Zip)
WITNESS my hand the	18 25 day	of S	ENTER	upen 10 01/
OF OREGON.	88		, /	•
		dhares	4 heer	dy
clock A.m., and was	recorded in Mi	at 8:00	e of Perm	ittee)
Prds Pol. Pr	age 13 70	Hangons Ca	ne Si	heedy
CES V				
	(Mailing Address) do hereby assign al 6-7/53 No. 6-8/58 No. 6-8/58 of the Water Resour David Rt 2 Box 20 (Mailing Address) TELEPHONE NUMBER THE Within was received yof the Water Resour ON, WITNESS my hand the was recorded in Miscel Page 1370 I, CARL I, CARL Dox 100 Ing Address) WITNESS my hand the STATE OF OREGON, County of Marion, certify that the was recrify that the was recreated in Miscell Page 13 TO 13	Mailing Address) do hereby assign all my interest a control of the Water Resources Director, David L. Stein (Name Rt 2 Box 20 (Mailing Address) TELEPHONE NUMBER THE PHONE NUMBER ON, WITNESS my hand this 17th (Name of Page 1370) A S S I G N I (Name of Page 1370) I, CARL SHEE (Name of Page 1370) A S S I G N I (City by assign all my interest in and to No. 4810, as filed in the of SERT D. BURNETT # (Name) Box 100 (City WITNESS my hand this 25 day STATE OF OREGON, as certify that the within was received by me of Payron (County of Marion, certify that the within was received by assign and the certify that the within was received by the certification of t	(Mailing Address) (City) do hereby assign all my interest in and to wat 6-7/53 No. 6-8560, Permit No. 6-8567, as of the Water Resources Director, to: David L. Stein	(Mailing Address) (Mailing Address) (City) (State) (Mailing Address) (City) (State) (Mailing Address) (City) (Name) (Mame) (Mame) (Mailing Address) (City) (State) (Mailing Address) (City) (State) (Mailing Address) (City) (State) (Mame) (Mailing Address) (City) (State) (Mailing Address) (City) (State) (Mailing Address) (City) (State) (Signature of Permittee) (Signature of Permittee) (Signature of Permittee) (City) (State) (State) (Mame) (City) (State) (Mare) (Mare) (Mare) (Mare) (City) (State) (State) (State) (Mare) (City) (State) (State) (City) (State) (State) (City) (State)