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JUL 2 1 1986

ASSIGNMENT

JUL1 1 1986

WATER MOSOURCES DEPT	e N. Ema		OURCES DEPT
(Name of Permittee)			
P.O. Box 607 (Chiloquin	OR. 9	7624
(Mailing Address)	(City)	(State)	(Zip)
do hereby assign all my interes			
permit No. 41909, as file		the Water Resource	ces Director, to
Byron Erkenb	recher		
Byron Erkenbrecher (Name)			
P.O. Box 497	Chiloguin	OR 9	7624
(Mailing Address)	(City)	(State)	(Zip)
WITNESS my hand this 15 th day of June, 1986.			
	Thron	luin En	rus
(Signature of Permittee)			
•	Txue	Thy I im	ald
TATE OF OREGON, ounty of Marion.		/	•
I certify that the within was received by the day of day, 19 %, at clock A.m., and was recorded in Miscellan ecords, Vol. Page 1570	8.00		,

Water Resources Director