

STATE OF OREGON, } ss
County of Marion.

I certify that the within was received by me
on the 8TH day of FEBRUARY, 1989, at 8
A.m., and was recorded in Miscellaneous A S S I G N M E N T
Records, Vol. 7 Page 2131

Water Resources Director

I, JOSEPH C. JACOBS
(NAME)
10905 S.W. TIGARD ST., TIGARD, OR. 97223
(MAILING ADDRESS) (CITY) (STATE) (ZIP)
1 (503) 620-6499

do hereby assign all my interest in and to water right
R-62425 R-8381 1381
Application Number 62426, Permit Number 46571,

as filed in the office of the Water Resources Director, to:

RAY M. & LUELLA KELLOGG
(NAME)
30 KNIGHT LANE HOLLISTER, CA. 95023
(MAILING ADDRESS) (CITY) (STATE) (ZIP)

TELEPHONE NUMBER 1 (408) 637-9053

WITNESS my hand this 3rd day of January 1989.

Debra Silvey
DEBRA SILVEY
NOTARY PUBLIC - OREGON
My Commission Expires 8-7-92

Joseph C. Jacobs