## RECEIVED

## ASSIGNMENT

APR 1 0 1989

WATER RESOURCES DEPT. SALEM, OREGON

I, ALFONSO ZERDINO	(EVE	RGRGEN KA	inch of
. (Name	of Permittee)		
(Mailing Address)	(City)	(State)	(Zip)
, ,	· •		- · ·
do hereby assign all my intere	st in and to wa	ter right App	lication
No. <u>R-6178</u> , Permit No	. <u>R-8309</u>	_, as filed i	n the office
of the Water Resources Directo	or, to:		
ROBERT M. N	(Name)		·
P.O. Box 2) (Mailing Address) 8/8 843.	BONANIA (City)	OREGON (State)	97623 (Zip)
TELEPHONE NUMBER 503 - 575	6718		
WITNESS my hand this $3/$	day of/	n ARC17	, 19 <u>89</u>
STATE OF OREGON, SS  County of Marion.  I certify that the within was received by on the 107 day of 1989, at cook 1980, and was recorded in Miscellan Records, Vol. 7 Page 2162		nor Jerf ature of Pe	rmittee)
Water Resources Direct	tor		

The completed assignment must be submitted to the Water Resources Director, 3850 Portland Rd. N.E., Salem, OR 97310, together with a recording fee of \$10.00.

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