BECEIVED

MAR 28 1990

WATER RESOURCES DEPT. SALEM, OREGON

ASSIGNMENT

I, WILLIAM	R MAGETECD	
(MAILING ADDRESS)	CITY) (S	OR 97717 TATE) (ZIP)
do hereby assign al	ll my interest in and to wa	ter right Application
Number <u>G-9903</u>	, Permit <u>G-9510</u> , as f	iled in the office of
the Water Resources	s Director, to:	
John A Mildr	ed L. Chotard (NAME)	<u></u>
9072 NID. B.	(NAME)	97741
(MAILING ADDRESS)	e Dr. Madras OR. (CITY) (S	TATE) (ZIP)
telephone number 🗲	03-475-6955	
WITNESS my hand the	is _ 35th day of	ARCIT 1990
certify that the within we a strain dry of manch	ed in Miscellaneous (SIGNA	ATURE OF PERMITTEEY
rds, Vol7 Page _&		

The completed assignment must be submitted to the Water Resources Director, 3850 Portland Road, N.E., Salem, Oregon 97310, together with a recording fee of \$10.

378 605