ASSIGNMENT

:

I, William Nics	holson	of
325 MAIN ST. /	(City)	(State) (Zip)
do hereby assign all my into	erest in and to wat	er right Application
No. <u>51098</u> , Permit No	. <i>37419</i> , as	filed in the office
of the Water Resources Direc	ctor, to:	
JOHN B. OWENS AND	KENNETH R. OWEN (Name)	<u> </u>
P.O. Box 537 (Mailing Address)	FORT KLAMATH (City)	OR. 97626 (State) (Zip)
Telephone Number: (508) 381-23		
WITNESS my hand this $\sqrt{870}$ STATE OF OREGON, $\sqrt{88}$	day of Oct	19 9
County of Marion. I certify that the within was received by non the County of October 19 9, at o'clock 1.m., and was recorded in Miscellanco Records, Vol. Page 2569.	(Signature of P	ezmittee)
Water Resources Director		