

A S S I G N M E N T

I, DEPT. OF VETERANS AFFAIRS
(NAME)
700 SUMMERSTNE SALEM OR 97303
(MAILING ADDRESS) (CITY) (STATE) (ZIP)

do hereby assign all my interest in and to water right
Application Number T6005, Permit Number ,
as filed in the office of the Water Resources Director, to:

RICHARD E. BISHOP
(NAME)
70397 BUCKHORN RD TERREBONNE OR 97760
(MAILING ADDRESS) (CITY) (STATE) (ZIP)

TELEPHONE NUMBER 503-548-5869

STATE OF OREGON WITNESS my hand this 3 day of DECEMBER 1991.
County of Marion.

I certify that the within was received by me
on the 4th day of December, 1991, at 8
o'clock A.m., and was recorded in Miscellaneous
records, Vol. 7 Page 2586.

Water Resources Director

FOR THE DIRECTOR ODVA
Thomas E. Gabriel