REQUEST FOR ASSIGNMENT

I, (permit holder, applicant) SUNRIVER UTILITIES COMPANY	
(mailing address) (city) (s	state) (zip) (phone)
CHECK ONE	
[N - hereby assign <u>all my interest</u> in	and to application/permit;
[] - hereby assign <u>all my interest</u> application/permit (include a map show assigned);	in and to a portion of ing portion of application
[] - hereby assign a portion of my intapplication/permit;	
Application # 6/1627 69478 459743, Permit # 6/3249,69007, 445205, OR GR Statement #, GR Certificate of Registration # as filed in the office of the Water Resources Director, to:	
SUNRIVER WATER LLC (name of new owner) Po Box 3699 SURIVER OR 97707 541-593-4639 (address) (city) (state) (zip) (phone)	
(name of new owner)	
PO BOX 3699 SUNRIVER	OR 97707 541-593-4629
(address) (city)	(state) (zip) (phone)
(Note: If there are other owners of the property described in this Application, Permit of Certificate of Groundwater Registration you must attach a list of their names and addresses to this for RECEIVED	
I hereby certify that I have notified all other owners of 1998 property described in this Application, Permit or Certificate of Registration of this request for assignment. WATER RESOURCES DEPT SALEM, OREGON	
Witness my hand this day of November 1998 .	
applicant/permit holder	
applicant/permit holder	
DO NOT WRITE IN THIS BOX	•
STATE OF OREGON,)) ss County of Marion.) I certify that the within was received by me on the	The completed assignment must be submitted to the Water Resources Department together with a recording fee of \$25. Additional pages will cost \$5 per page.
raye	WATER RESOURCES DEPARTMENT

Water Resources Director

WATER RESOURCES DEPARTMENT 158 12TH STREET NE SALEM, OREGON 97310-0210