## RECEIVED

## ASSIGNMENT

FEB 2 8 1995

WATER RESOURCES DEPT. SALEM, OREGON

I Shilu C. Tyood			SALEM, OREC
(MAILING ADDRESS)	NAME) MODALIA	Ole (STATE)	9705
(MAILING ADDRESS)	(CITY)	(STATE)	(ZIP)
do hereby assign all my inte	rest in and to	water righ	t
Application Number 6 3/33	_, Permit Numb	er <u>6//84</u>	<u>3</u> ,
as filed in the office of the	e Water Resour	ces Directo	r, to:
	•	·	
Roy DM workout	NAME \		
•		<b>√</b> -	67.25
(MAILING ADDRESS)	(CITY)	(STATE)	(ZIP)
TELEPHONE NUMBER 65/-324	<i>o</i> è ₹}		
WITNESS my hand this 25	day of Fed		_19 <i>95</i> .
STATE OF OREGON, ss  County of Marion.  I certify that the within was received by me  o'clock	Mood,	22	8-95
Records, Vol. 7	my man	long 2-	08-75 ·

The completed assignment must be submitted to the Water Resources Director, together with a recording fee of \$10.

WATER RESOURCES DEPARTMENT 158 12TH ST. N.E. SALEM, OR 97310