

JAN 11 1996

WA
SALEM

ASSIGNMENT

I, WILLIAM C. TOOP of

P.O. BOX 562 LIBBY MT. 59923
(MAILING ADDRESS) (CITY) (STATE) (ZIP)

do hereby assign all my interest in and to water right Application
Number _____, Permit Number T-7401, as filed in the office
of the Water Resources Director, to:

DAVID FAVRE

(NAME)
P.O. BOX 41 MT. VERNON OR. 97865
(MAILING ADDRESS) (CITY) (STATE) (ZIP)

TELEPHONE NUMBER 503-575-2110 (work)

WITNESS my hand this 16 day of October 1995.



William C. Toop
(SIGNATURE OF PERMITTEE)

Lois M. Croucher 10-7-97

The completed assignment must be submitted to the Water
Resources Director,
together with a recording fee of \$10.00

STATE OF OREGON,
) ss
County of Marion.)

I certify that the within was
received by me on the 26th day of
October, 1995, at 8 o'clock
A. m., and was recorded in the
Miscellaneous Records, Vol. 7
Page 3130

Water Resources Department
158 12th Street NE
Salem, Oregon 97310-0210

Water Resources Director