

RECEIVED

OCT 26 1995

WATER RESOURCES DEPT  
SALEM, OREGON

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 PERMITEE)

Lois M. Groucher 10-7-95

The completed assignment must be submitted to the Water  
Resources Director, STATE OF OREGON,  
together with a recording fee of, \$10.00  
County of Marion.

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

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  
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Water Resources Director