

A S S I G N M E N T

I, GAIL BUCHHOLZ
(NAME)
10400 BUCHHOLZ LA NE MT ANGELO OR 97362
(MAILING ADDRESS) (CITY) (STATE) (ZIP)

do hereby assign all my interest in and to water right
Application Number ~~647~~ ^{G-13707}, Permit Number DRAFT,
as filed in the office of the Water Resources Director, to:

THOMAS M BUCHHOLZ
(NAME)
10410 10400 BUCHHOLZ LA NE MT ANGELO OR 97362
(MAILING ADDRESS) (CITY) (STATE) (ZIP)

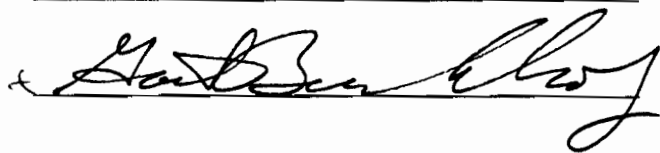
TELEPHONE NUMBER 845-6172

WITNESS my hand this 29 day of MARCH 1996.

RECEIVED

APR 01 1996

WATER RESOURCES DEPT.
SALEM, OREGON



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

STATE OF OREGON,)

County of Marion,) ss

I certify that the within was received by me on the 1st day of APRIL, 1996, at 8 o'clock A. m., and was recorded in the Miscellaneous Records, Vol. 7

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Water Resources Director

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

OK
DSM