## REQUEST FOR ASSIGNMENT

AUG 2 9 1936

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:	I, (permit	holder/app	licant)_	John Ward a	nd Marale	SWATCH, C	DREGON
		PO Box 2784	•	Nyssa, OR	97913		
•	(mailing a	address)	(city)	(county)	(state)	(zip)	(phone)
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	(address)	(city)	(co	unty) (st	ate) (2	:1p) (	phone)
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