I, (permit holder, applicant) Thee Rivers / Josephine County School Sir	
(mailing address) (city)	Or. 97527 541/476-6364 state) (zip) (phone)
CHECK ONE	,
[V - hereby assign all my interest in and to application/permit;	
[] - hereby assign <u>all my interest</u> in and to a portion of application/permit (include a map showing portion of application assigned);	
[] - hereby assign a portion of my interest in and to the entire application/permit;	
Application # 6-13653 , Person OR GR Statement #, GR Certificates filed in the office of the Water Research	sources Director, to:
Three Rivers / Jasephine County Unit	Mont School District
Three Rivers / Jasephine County Unit (name of new ow 106 Riverette N. Grants Pass (address) (city)	Or. 97527 541/476-6504 (state) (zip) (phone)
(Note: If there are other owners of the property described in this Application, Permit of Certificate of Groundwater Registration you must attach a list of their names and addresses to this form.)	
I hereby certify that I have notified all other owners of the property described in this Application, Permit or Certificate of Registration of this request for assignment.	
witness my hand this 3/4 day of Mach, 19 97. applicant/permit holder x hen Lofack	
applicant/permit holder X Den Xbfack	
applicant/permit holder	
DO NOT WRITE IN THIS BOX	
County of Marion.) 1 certify that the within was received by me on the day of April 1997, at c'clock A. m., and was recorded in the Miscellaneous Records, Vol.	The completed assignment must be submitted to the Water Resources Department together with a recording fee of \$10. Additional pages will cost \$5 per page.
Page 3415 Water Resources Director	WATER RESOURCES DEPARTMENT 158 12TH STREET NE SALEM, OREGON 97310-0210

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