; <i>j</i>			-		RECEN
· : RE	QUEST FOR ASSIG	SNMENT		и	AECEIVED OCT 1 5 1999 SALEM, ORGESON DEPT. 337-2222
I, (permit holder, appl	icant) Meadows	Water Con	npany		TEM, OPICES
P.O. Box 470	Mt. Hood	OR	97041	(503)	337-2222
(mailing address)	(city) (state)	(zip)	(phone)
CHECK ONE	·				
[x] - hereby assign all	my interest in	and to	applica	ation/p	ermit;
[] - hereby assign application/permit (incassigned);					
[] - hereby assign a per application/permit; R-71657 S Application # G-12550 OR GR Statement #	-69976 , Perm	uit# ⁴	RR7	58 338 . 8	53 <i>6</i> 37
as filed in the office of					`
Meadows Utilities LLC	(name of new ow	ner)			
P.O. Box 470	Mt. Hoo	d OR	9	7041 (503) 337–2222
(address)	(city)	(stat	e) (z		hone)
(Note: If there are other Application, Permit of Commust attach a list of the community of	ertificate of G	roundwat	er Reg	istrati	on you
I hereby certify that property described in t Registration of this red	his Application	i, Permit			
Witness my hand this $\frac{1}{2}$	$\frac{4th}{}$ day of $\frac{0c}{}$	tober //	19_99	_A /	1.
	t/permit holder	Richard I	chad.	Attorn	y for Applicant
applicant	t/permit holder				
DO NOT WRITE IN THIS BO	x			-	
STATE OF OREGON		The co	mpleted	d assiq	nment

County of Marion. l certify that the within was _day of m., and was recorded in the o'clock Miscellaneous Records, Vol.

Water Resources Director

must be submitted to the Water Resources Department together with a recording fee of \$25. Additional pages will cost \$5 per page.

WATER RESOURCES DEPARTMENT 158 12TH STREET NE SALEM, OREGON 97310-0210