ASSIGNLENT

(Name of Applicar	17)		
	STYYTON,	0.45000 (State)	1132:
(Mailing Address)	(City)	(State)	(Zip
do here assign all my interest in and to w	vater right appl	ication No	<u> </u>
permit No, of record in the of	fice of the Sta	ite Engineer o	f Oregon t
WALTER D. AND PATRICIA R. MIL	LER		
(Name)			·····
P.O. Box 496	STAYTON,	OREGON	! 973 ⁸ 3
(Mailing Address)	(City)	(State) (2ig
WITNESS my hand this 9 day of	APRIL		, 19 <u>75</u>
	and Be	The M	
	(Signature	of Applicant)	
		the second secon	
	ON CHANGE ME	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.1
OF OREGON,) y of Marion.	O CHOW M	<u> </u>	<u> </u>
OF OREGON,)ss y of Marion.)ss locatify that the willin was received by me on the	Vije Edwig A	<u> </u>	<u> </u>
OF ORESON, 1ss y of Marion. 1ss 1 oertify that the within was received by me on the 1st	<u> </u>		<u></u>
OF OREGON,) ss y of Marion.		<u>, 26 6 20</u> g 20 3 6 6 150 2 5 0	