REQUEST FOR ASSIGNMENT

1 LP IN CNNN IN. 1 T

I, (permit holder, applicant) <u>Liza A</u>	n Wilson, Kelly Lou Tharp and JohnM. Tharp
7400 NE Avalon Dr Corvall:	
(mailing address) (city)	(state) (zip) (phone) RECEIVED
CHECK ONE	FFD 1 0 2000
[xx] - hereby assign all my interest in	FEB 1 8 2000 and to application/permit;
WATER RESOURCES DE	
[] - hereby assign <u>all my interest</u> in and to a portionSAGEM, OREGON 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 #, Per	mit #;
Application #, Permit #; OR GR Statement #, GR Certificate of Registration #; as filed in the office of the Water Resources Director, to:	
as lited in the cilica of the water Re	sources Director, to.
CLYDE HOLLIDAY RANCHES INC.	
(name of new ow	mer)
	Oregon 98845 541-575-1716
(address) (city)	(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 14th day of February , 15x2000 .	
applicant/permit holder	SEE ATTACHED SIGNATURES
applicant/permit holder	·
DO NOT WRITE IN THIS BOX	
STATE OF OREGON,) SS	The completed assignment 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
10f Z	0 M TOTAL P.02