## RECEIVED

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## REQUEST FOR ASSIGNMENT

ATED DECOMPOSE

I, (permit holder, applicant) Black F	Sittle Stables Inc. SALEM, OREGO
(mailing address) Pertano (city)	8 47298-0569 (state) (zip) (phone)
CHECK ONE	
[4] - 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 # 6-13029 , Permit # 6-1247\ ; OR GR Statement #, GR Certificate of Registration # as filed in the office of the Water Resources Director, to:	
David J. a Ruth A. PARKS	
(name of new owner) 97760  70425 McKenzie Canyon Rd. Terrebunne. OR. 541-420-4637  (address) (city) (state) (zip) (phone)	
(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 // day of MOVEMBER, 1997.	
witness my hand this//_ day of	
applicant/permit holder	BLACK BUTTE STABLES, ME
DO NOT WRITE IN THIS BOX	
STATE OF OREGON, ) ) ss  County of Marion. )  I certify that the within was received by me on the	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.
Page <u>8서</u> . Water Resou <b>rces Director</b>	158 12TH STREET NE SALEM, OREGON 97310-0210