

Part 3 of 4 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Step Forward Activities, Inc.		PHONE NO. 541-523-7475	ADDITIONAL CONTACT NO. 541-519-5196
ADDRESS P.O. Box 1070		FAX NO. N/A	
CITY Baker City	STATE OR	ZIP 87814	E-MAIL N/A

Agent Information – The agent is authorized to represent the applicant in all matters relating to this application.

AGENT/BUSINESS NAME H.E. Button, Executive Director, Step Forward Activities, Inc		PHONE NO. 541-523-7475	ADDITIONAL CONTACT NO. 541-519-5196
ADDRESS P.O. Box 1070		FAX NO. N/A	
CITY Baker City	STATE OR	ZIP 97814	E-MAIL N/A

If an agent is listed above, please check **one** of the following:

- Please send all correspondence to Agent. Send copies of correspondence to Applicant; **OR**
- Please send all correspondence to Applicant. Send copies of correspondence to Agent.

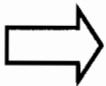
Check this box if this project is fully or partially funded by the American Recovery and Reinvestment Act. (Federal stimulus dollars)

Is the applicant the sole owner of the land on which the water right, or portion thereof, proposed for transfer is located? Yes No

If NO, include signatures of all landowners (and mailing address if different than the applicant's) or attach affidavits of consent (and mailing addresses) from all landowners or individuals/entities to which the water right(s) has been conveyed.

Permanent Transfers Only (check one box)

- By signing this application, I understand that, upon receipt of the draft preliminary determination and prior to Department approval of the transfer, I will be required to provide landownership information and evidence that I am authorized to pursue the transfer as identified in OAR 690-380-4010(5); **OR**
- I affirm the applicant is a municipality as defined in ORS 540.510(3)(b) and that the right is in the name of the municipality or a predecessor; **OR**
- I affirm that the applicant is an entity with the authority to condemn property and is acquiring by condemnation the property to which the water right proposed for transfer is appurtenant and have supporting documentation.



I (we) affirm that the information contained in this application is true and accurate.

_____	H.E Button, Executive Director	_____
Applicant signature	Name (and title if applicable) (print)	Date
_____	_____	_____
Applicant signature	Name (and title if applicable) (print)	Date

RECEIVED
WATER RESOURCES DEPT
SALEM OREGON

In your own words tell us what change(s) you want made and the reason for the change(s): **Step Forward Activities, Inc. is currently constructing new facilities on the property. The footprint of the improvements can not be irrigated under C-61857. We desire to transfer that portion of C-61857 to our adjoining neighbor, Brian and Sherri Hunt. We will retain the remainder of C-61857 to irrigate the open areas.**

RECEIVED

APR 14 2010
WATER RESOURCES DEPT
SALEM, OREGON

Please use additional pages of Table 2 as needed

Table 2. Description of Changes to Water Right Certificate # 61857

List only the part of the right that will be changed. For the acreage in each 1/4 1/4, list the change proposed. If more than one change, specify the acreage associated with each change. If more than one POD/POA, specify the acreage associated with each POD/POA.

Authorized ("from" lands) as they appear BEFORE THE CHANGES							Proposed ("to" lands) AFTER THE CHANGES													
Twp	Rng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Proposed Changes (see "CODES" from previous page)	Twp	Rng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres (if applicable)	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)
13 S	31 E	25	NE	NW	1400-1500		0.35	Irrigation	POD #1		13 S	31 E	25	NE	NW	1100		0.13	N/A	POD #1
											13 S	31 E	25	SE	NW	1100		0.22	N/A	POD #1
TOTAL ACRES							0.35	TOTAL ACRES							0.35					

Additional remarks: Amended Nov. 8, 2011.

RECEIVED

WATER RESOURCES DEPT
SALEM, OREGON