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Request for Assignment

If for multiple rights, a separate form and fee for each right will be required.

Name of Inchica	ar (Parmir / Treamfor Habba	1 Diamon He	J.J. C.P. Court	Cate of Roaiste	ation)	
PO Box 803						
(Mailing Address)		(City)	(State) (Zip	(Phon	e #J	
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of Registratio	n <u>all my interest</u> in and to a p on: (You must include a map rermit/transfer/license/GR/C	showing the	portion of the		SGR Certificate	
	n <u>a portion of my interest</u> in a 'Registration:	and to the <u>ent</u>	ire application	permit/transfer	license GR	
pplication # <u>%-1658</u>	G: Permit #	-16100 OR-	; Transf	er #	RECEIVE	
icense #	-0; GR Statement #		iR Certificate o	f Registration 4	; 	10 1 2042
	f the Water Resources Direc				NUV	4 1 2013
orthwest Farm Cr	redit Services, FLCA				SAL	EM, OF
(Name of New Or	(ner)			ananya ina katala katala sha katala		1897 B
Mailing Address)	Ontario (Citu	OR 979 (State) (Zip,	14 541-6 (Phone	823-2660 • #/	
	otter and Shellv M. Potte	er				
(Name of New Or	www.cr)	er				
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(Name of New Or PO Box 803 (Mailing Address) <u>Note:</u> If there are of GR Certifica addresses an I hereby certify th Permit, Transfer, Witness my hand th A	Crane OR 97732 Crane OR 97732 ther owners of the property d ate of Registration, <i>you must</i> p at attach it to this form. that I have notified all other or License, or GR Certificate o nis 15^{-12} day of applicant Permit Holder	er (City) lescribed in th provide a list whers of the p f Registration	54 (State) (Zip e Application, I of all other own property describ	41-495-2414 <i>Permit,</i> Transfer <i>ers' names and</i> ed in this Appli for Assignmen	• #) . License, or ! mailing eation,	ASSIGNAL DE COCO
(Name of New Or PO Box 803 (Mailing Address) <u>Note:</u> If there are of GR Certifica addresses an I hereby certify th Permit, Transfer, Witness my hand th A	Crane OR 97732 ther owners of the property d the of Registration, <i>you must f</i> ad attach it to this form. that I have notified all other of License, or GR Certificate o nis 15^{-11} day of Applicant Permit Holder Applicant Permit Holder	er (City) lescribed in th provide a list whers of the p f Registration	54 (State) (Zip e Application, I of all other own property describ- of this Request	41-495-2414 <i>Permit,</i> Transfer <i>ers' names and</i> ed in this Appli for Assignmen	• #) . License, or ! mailing eation,	ASSILAN (122/1013)