

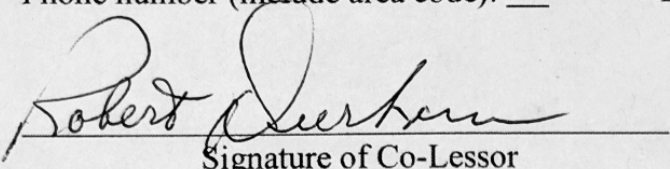
Date: _____

Signature of Lessor

Printed name (and title): _____ Business name, if applicable: _____

Mailing Address (with state and zip): _____

Phone number (include area code): _____ **E-mail address: _____



Date: 6/4/19

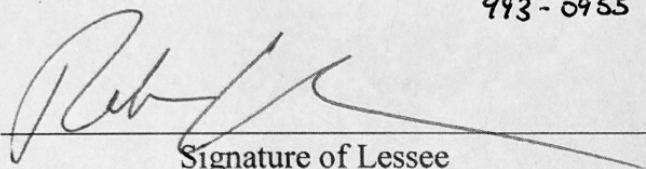
Signature of Co-Lessor

Printed name (and title): Robert Durham - President

District/organization name: Wolf Run Water User's Association

Mailing Address (with state and zip): 79106 Wolf Run Road, Dufur, OR 97021

Phone number (include area code): (541) 993-0955 **E-mail address: _____



Date: 5-2-2019

Signature of Lessee

Printed name (and title): Rob Kirschner

Business/organization name: The Freshwater Trust

Mailing Address (with state and zip): 700 SW Taylor St, Suite 200, Portland OR 97205

Phone number (include area code): 503-222-9091 **E-mail address: rob@thefreshwatertrust.org

**** BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED TO THE LESSOR.**