

Request for **Assignment**

RECEIVED

DEC 07 2020

Legacy Ranches						OWF
(Name of Application	ant / Permit / Tra	nsfer Holder / L	icense Ho	lder/GR	Certificate	of Registration)
O Box 464		Pr	ineville	OR	97754	(541) 419-1027
(Mailing Address	s)		(City)	(State)	(Zip)	(Phone #)
hereby assignment Registration	gn <i>all my interest</i> n;	in and to applica	ation/perm	nit/transfe	er/license/0	GR Certificate of
of Registrat	gn <i>all my interest</i> ion; <i>(You must in</i> /permit/transfer/l	clude a map sho	wing the p	portion of	the	fer/license/GR Certifica
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		Climit #			TOTAL !!	
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filed in the office				R Certifi	cate of Re	T-10457 gistration #
filed in the office ### Health LLC (Name of New Comment)	of the Water Res	ources Director,	to:			
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is filed in the office all Health LLC (Name of New Companies) Martha Pagel, Sch (Mailing Address) Note: If there are of GR Certificate addresses and I hereby certify the series of	Owner) wabe Williamson ther owners of the ther of Registration and attach it to this	e property descript, you must provide form.	enter St N (City) The dide a list of the property of the prop	E, Ste 40 (State) Applica of all other	00, Salem ((Zip) tion, Perm er owners'	OR 97301 (503) 540-(Phone #) it, Transfer, License, or names and mailing this Application,
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DO NOT WRITE IN THIS BOX

This certifies assignment and record change at Oregon Water Resources Department effective 8:00 a.m. on date of receipt at Salem, Oregon. Fee receipt #__/34098__

For Director by Mary F. Bjork. Program Analyst in Water Rights Division.

The completed "Request for Assignment" form *must* be submitted to the Department along with the recording fee of \$85.

Assisn-Approve 188 12-15-2020