



State of Oregon
 Water Resources Department
 725 Summer Street NE, Suite A
 Salem, Oregon 97301-1266
 (503) 986-0900

Application for Groundwater Registration Modification

Part 1 of 5 – Minimum Requirements Checklist

This Groundwater Registration Modification application will be returned if Parts 1 through 4 and all required attachments are not completed and included.
 For questions, please call (503) 986-0900, and ask for Transfer Section.

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Check all included with this application (N/A = Not Applicable)

- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Application Map Checklist.
- Part 3 – Completed Applicant Information and Signature.
- Part 4 – Completed Groundwater Registration Modification Application – Groundwater Registration Information. (Only one Groundwater registration per application, unless the Groundwater registrations to be modified are layered).
- Completed Groundwater Registration Modification Application Map (Does not have to be prepared by a Certified Water Right Examiner).
- Groundwater registration modification fees – Amount enclosed: \$ **1,250**. (\$875.00 for a place of use change only; \$1,250.00 for any other change or combination).

Attachments:

- N/A Request for Assignment Form and statutory fee. This form needs to be completed if the applicant owns the land to which the registration is appurtenant and is **not** the registration certificate holder of record. The Request for Assignment Form is available at <https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>.
 Assignment is not needed for any person or entity who can demonstrate authorization to request recognition of a modification (e.g. legal representative, power of attorney, agent, etc.) **or** the applicant is named on the certificate of registration, or has been assigned to the certificate of registration.
- N/A Oregon Water Resources Department’s Land Use Information Form with approval and signature (or signed land use form receipt stub) from each local land use authority in which water is to be diverted, conveyed, and/or used. Not required if water is to be diverted, conveyed, and/or used only on federal lands or if **all** of the following apply: a) a change in place of use only, b) no structural changes, c) the use of water is for irrigation only, and d) the use is located within an irrigation district or an exclusive farm use zone.
- N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation.

(For Staff Use Only)

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

___ Application fee not enclosed/insufficient	___ Map not included or incomplete
___ Land Use Form not enclosed or incomplete	___ Assignment Form and fee not enclosed/insufficient
___ Additional signature(s) required	___ Part ____ is incomplete

Other/Explanation _____

Staff: _____ 503-986-0 _____ Date: / /

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Part 2 of 4 – Groundwater Registration Modification Map Checklist

Your Groundwater Registration Modification application will be returned if any of the map requirements listed below are not met.

Please be sure that the map you submit includes all the items listed below and meets the requirements of OAR 690-380-3100, however, the map does not have to be prepared by a Certified Water Right Examiner. Check all boxes that apply.

- Permanent quality printed with dark ink on good quality paper.
- The size of the map can be 8½ x 11 inches, 8½ x 14 inches, 11 x 17 inches, or up to 30 x 30 inches. For 30 x 30 inch maps, one extra copy is required.
- A north arrow, a legend, and scale.
- The scale of the map must be: 1 inch = 400 feet, 1 inch = 1,320 feet, the scale of the county assessor map if the scale is not smaller than 1 inch = 1,320 feet, or a scale that has been pre-approved by the Department.
- Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized public land survey lines.
- Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
- Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads and railroads.
- Major water delivery system features from the point(s) of appropriation such as main pipelines, canals, and ditches.
- Existing place of use that includes hachuring, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions. If less than the entirety of the registration is being changed, a separate hachuring is needed for the portion of the registration left unchanged.
- N/A If you are proposing a modification in place of use, show the proposed place of use with hachuring including priority date and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions.
- Existing point(s) of appropriation with distance and bearing or coordinates from a recognized survey corner.
- N/A If you are proposing a modification in point(s) of appropriation, show the proposed location and label it clearly with distance and bearing or coordinates. If GPS coordinates are used, latitude-longitude coordinates may be expressed as either degrees-minutes-seconds with at least one digit after the decimal (example – 42°32'15.5") or degrees-decimal with five or more digits after the decimal (example – 42.53764°).

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Part 3 of 4 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME Case Family LLC		PHONE NO. (541) 979-6236	ADDITIONAL CONTACT NO.
ADDRESS 33010 Dever Conner Rd. NE			FAX NO.
CITY Albany	STATE OR	ZIP 97321	E-MAIL billcasefarms@gmail.com
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.			

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

APPLICANT/BUSINESS NAME Will McGill Surveying LLC		PHONE NO. (503) 510-3026	ADDITIONAL CONTACT NO. (503) 931-0210
ADDRESS 15333 Pletzer Rd. SE			FAX NO.
CITY Turner	STATE OR	ZIP 97392	E-MAIL willmcgill.surveying@gmail.com
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.			

Explain in your own words what you propose to accomplish with this modification; and why:
It is proposed to move a portion of GR 2289 to irrigated areas and convert a portion to Agricultural and Industrial use for processing vegetables while adding Wells 1, 2, & 3 as APOAs.

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

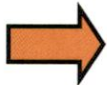
(Check one box)

- By signing this application, I (we) understand that, upon receipt of the draft preliminary determination and prior to Department approval of the Groundwater modification, I (we) will be required to provide landownership information and evidence that I am authorized to pursue the modification as identified in OAR 690-382-0400(16)(a); **OR**
- I (we) 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 (we) affirm that the applicant is an entity with the authority to condemn property and is acquiring the property to which the Groundwater registration proposed for modification is appurtenant by condemnation and have attached supporting documentation.

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I understand that prior to Department approval of the groundwater registration modification, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the groundwater registration is located, once per week for two consecutive weeks. If more than one qualifying newspaper is available, I suggest publishing the notice in the following paper: Albany Democrat-Herald.

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



Will McGill
Applicant Signature

Coal Case - Sec
Print Name (and Title if applicable)

4/23/2021
Date

Applicant Signature

Print Name (and Title if applicable)

Date

Is the applicant the sole owner of the land on which the Groundwater registration modification or portion thereof, is located? Yes No *If NO, include signatures of all deeded landowners (and mailing and/or e-mail addresses if different than the applicant's) or attach affidavits of consent (and mailing and/or e-mail addresses) from all landowners or individuals/entities to which the Groundwater registration has been conveyed.*

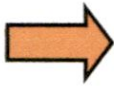
Check the appropriate box, if applicable:

- Check here if the Groundwater registration proposed for modification is or will be located within or served by an irrigation or other water district.

IRRIGATION DISTRICT NAME	ADDRESS	
CITY	STATE	ZIP

- Check here if water for the Groundwater registration is supplied under a water service agreement or other contract with a federal agency or other entity.

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP



To meet State Land Use Consistency Requirements, you must list all local governments (each county, city, municipal corporation, or tribal government) within whose jurisdiction water will be diverted, conveyed or used.

ENTITY NAME Linn County	ADDRESS 300 SW 4th Ave.	
CITY Albany	STATE OR	ZIP 97321

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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Part 4 of 4 – Groundwater Registration Information

CERTIFICATE OF REGISTRATION # GR 2289

Table 1. Location of Authorized and Proposed Point(s) of Appropriation (POA)

(Note: If the POA name is not specified in the registration, assign it a name or number here.)

POA Name or Number	Is this POA Authorized by the registration or is it Proposed?	OWRD Well Log ID# (or Well ID Tag # L-___)	Twp		Rng		Sec	¼ ¼		Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Well 4	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	LINN 4615	10	S	3	W	8	SW	NE	700	N 68° 20' W 26 chains from SE corner of NE ¼ of sec. 8
Well 1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	LINN 4614	10	S	3	W	8	SW	NE	700	N 61° 30' W 41 chains from SE corner of NE ¼ of sec. 8
Well 2	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	LINN 4613	10	S	3	W	8	SW	NE	700	N 75° 10' W 39 chains from SE corner of NE ¼ of sec. 8
Well 3	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	LINN 4619	10	S	3	W	8	NW	SE	700	S 81° 05' W 38.25 chains from NE corner of SE ¼ of sec. 8

Check all type(s) of modifications(s) proposed below (modification “CODES” are provided in parentheses):

- | | |
|--|--|
| <input checked="" type="checkbox"/> Place of Use (POU) | <input type="checkbox"/> Point of Appropriation (well) (POA) |
| <input checked="" type="checkbox"/> Character of Use (USE) | <input checked="" type="checkbox"/> Additional Point of Appropriation (APOA) |

Will all of the proposed changes affect the entire Groundwater registration?

- Yes Complete only the proposed (“to” lands) section of Table 2 on the next page. Use the “CODES” listed above to describe the proposed changes.
- No Complete all of Table 2 to describe the portion of the registration to be changed.

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Table 2. Description of Modifications to Registration GR-2289 (Certificate # GR-2184)

List only the part of the registration that will be modified. For the acreage in each 1/4 1/4, list the modification proposed. If more than one modification, specify the acreage associated with each modification. If more than one POA, specify the acreage associated with each POA.

AUTHORIZED (the "from" or "off" lands) The listing that appears in the registration BEFORE PROPOSED CHANGES List only that part or portion of the groundwater registration that will be changed.										PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.														
Twp	Rng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POA(s) (name or number from Table 1)	Priority Date	Twp	Rng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POA(s) to be used (from Table 1)	Priority Date			
10	S	3	W	8	SW	NE	700	Irrigation	Well 4	1951	10	S	3	W	8	SW	NE	700	Irrigation	Well 1, 2, 3, 4	1951			
10	S	3	W	8	SE	NE	700	Irrigation	Well 4	1951	10	S	3	W	8	NW	SE	800	Irrigation	Well 1, 2, 3, 4	1951			
10	S	3	W	8	NW	SE	700	Irrigation	Well 4	1951	10	S	3	W	8	NE	SW	800	Irrigation	Well 1, 2, 3, 4	1951			
10	S	3	W	8	NE	SE	700	Irrigation	Well 4	1951	10	S	3	W	8	SW	NE	700	Agricultural & Industrial	Well 1, 2, 3, 4	1951			
											10	S	3	W	8	NW	SE	700	Agricultural & Industrial	Well 1, 2, 3, 4	1951			
							TOTAL ACRES	19.0								TOTAL ACRES	17.5							

Additional remarks: **The 1.5-acre discrepancy between the from and to total acreages is due to the conversion from irrigation to agricultural and industrial use. The 1.5-acre portion will be used as 15.8 gpm for agricultural and industrial use in the SWNE and NWSE of Section 8.**

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Groundwater Registration Modification – Page 6 of 7

Revised 02/11/2019

Groundwater Registration # GR-2289 (Certificate # GR-2184)

For a modification in place of use or character of use:

Are there other water right certificates, water use permits, or Groundwater registrations associated with the “from” or “to” lands? Yes No

If YES, list the other certificate, water use permit, or other Groundwater registration numbers:



Pursuant to OAR 690-382-0200, any “layered” water use, such as an irrigation right that is supplemental to a primary irrigation right proposed for transfer, must be concurrently transferred with the registration or be cancelled. Any change to a water right must be filed separately in a transfer application. Any change to a water use permit must be filed separately with a permit amendment. Any modification to a Groundwater registration on the “to” lands must be filed separately with a Groundwater registration modification.

For modifications in point(s) of appropriation (well(s) or additional point(s) of appropriation:

- Well log(s) are attached for each well that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map. (Tip: You may search for well logs on the Department’s web page at: http://apps.wrd.state.or.us/apps/gw/well_log/)

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AND/OR

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- Describe the construction of the authorized and proposed well(s) in Table 3 for any wells that do not have a well log. For *proposed wells not yet constructed or built*, provide “a best estimate” for each requested information element in the table. The Department recommends you consult a licensed well driller, geologist, or certified water right examiner to assist with assembling the information necessary to complete Table 3.

Table 3. Construction of Point(s) of Appropriation

Any well(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the accompanying application map. Failure to provide adequate information is likely to delay the processing of your modification application until it is received. The information is necessary for the department to assess whether the proposed well(s) will access the same source aquifer as the authorized point(s) of appropriation (POA). The Department is prohibited by law from approving POA changes that do not access the same source aquifer.

Proposed or Authorized POA Name or Number	Is well already built? (Yes or No)	If an existing well, OWRD Well ID Tag No. L-____	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well - specific rate (cfs or gpm). If less than full rate of water right

STATE ENGINEER
Salem, Oregon

LINN
4614

Well Record

well 1

STATE WELL NO. 10/3W - 8G
COUNTY LINN
APPLICATION NO. GR-2286

OWNER: M. C. Case

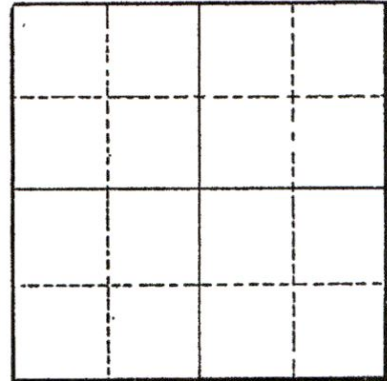
MAILING ADDRESS: Rt. 2, Box 393

LOCATION OF WELL: Owner's No. No. 1

CITY AND STATE: Albany, Oregon

SW 1/4 NE 1/4 Sec. 8 T. 10 S., R. 3 W., W.M.

Bearing and distance from section or subdivision corner N. 61° 30' W. 41 chains from SE corner.



Altitude at well

TYPE OF WELL: Drilled Date Constructed 1946

Depth drilled 22 Depth cased 22

Section

CASING RECORD:

8-inch

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FINISH:

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Perforations from 15 to 22

AQUIFERS:

WATER LEVEL:

7-feet

PUMPING EQUIPMENT: Type Fairbanks Morse 2" Centrifugal H.P. 10
Capacity 300 G.P.M.

WELL TESTS:
Drawdown 4 ft. after hours Pumping 400 G.P.M.
Drawdown ft. after hours G.P.M.

USE OF WATER Irrigation Temp. °F., 19

SOURCE OF INFORMATION GR-2179

DRILLER or DIGGER T. J. Burkhart, 1235 W. 15th St., Albany, Oregon

ADDITIONAL DATA:
Log Water Level Measurements Chemical Analysis Aquifer Test

REMARKS:

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STATE ENGINEER
Salem, Oregon

LINN
4613

Well Record

Well 2

STATE WELL NO. 10/3W - 8G
COUNTY LINN
APPLICATION NO. GR-2287

OWNER: M. C. Case

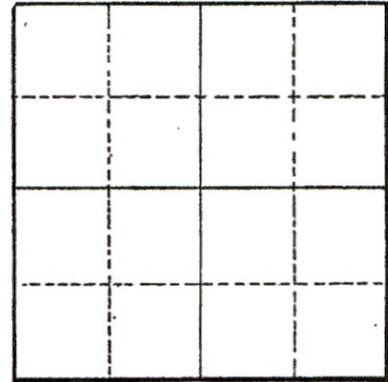
MAILING ADDRESS: Rt. 2, Box 393,

LOCATION OF WELL: Owner's No. No. 2

CITY AND STATE: Albany, Oregon

SW 1/4 NE 1/4 Sec. 8 T. 10 N. S., R. 3 W., W.M.

Bearing and distance from section or subdivision corner N. 75° 10' W. 39 chains from SE corner.



Section

Altitude at well

TYPE OF WELL: Drilled Date Constructed 1945

Depth drilled 22 Depth cased 22

CASING RECORD:

8-inch

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FINISH:

OWRD

Perforations from 15 to 22

AQUIFERS:

WATER LEVEL:

7-feet

PUMPING EQUIPMENT: Type Fairbanks Morse 3" Centrifugal H.P. 15

Capacity 350 G.P.M.

WELL TESTS:

Drawdown ft. after hours Pumping 400 G.P.M.

Drawdown ft. after hours G.P.M.

USE OF WATER Irrigation Temp. °F. 19

SOURCE OF INFORMATION GR-2180

DRILLER or DIGGER T. J. Burkhart, 1235 W. 15th., Albany, Oregon

ADDITIONAL DATA:

Log Water Level Measurements Chemical Analysis Aquifer Test

REMARKS:

STATE ENGINEER
Salem, Oregon

LINN
4619
Well 3

Well Record

STATE WELL NO. 10/3W - 8K
COUNTY LINN
APPLICATION NO. GR-2288

OWNER: M. G. Case

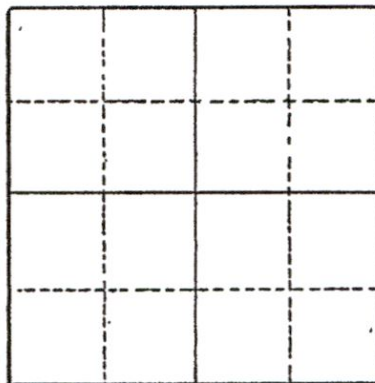
MAILING ADDRESS: Rt. 2, Box 393

LOCATION OF WELL: Owner's No. #3

CITY AND STATE: Albany, Oregon

NW 1/4 SE 1/4 Sec. 8 T. 10 N. S., R. 3 W., W.M.

Bearing and distance from section or subdivision corner S. 81° 05' W. 38.25 chains.



Section

Altitude at well

TYPE OF WELL: Driven Date Constructed 1941

Depth drilled 25 Depth cased 25

CASING RECORD:

4-inch

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FINISH:

Perforations from 16 to 25

AQUIFERS:

WATER LEVEL:

9-feet

PUMPING EQUIPMENT: Type 3" Centrifugal H.P.
Capacity 300 G.P.M.

WELL TESTS:

Drawdown 10 ft. after hours Pumping 300 G.P.M.
Drawdown ft. after hours G.P.M.

USE OF WATER Irrigation Temp. °F. 19

SOURCE OF INFORMATION GR-2183

DRILLER or DIGGER M. G. Case, Rt. 2, Box 393, Albany, Oregon

ADDITIONAL DATA:

Log Water Level Measurements Chemical Analysis Aquifer Test

REMARKS:

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STATE ENGINEER
Salem, Oregon

LTNN
4615

Well Record

well 4

STATE WELL NO. 10/3W - 8G
COUNTY LINN
APPLICATION NO. GR-2289

OWNER: M. C. Case

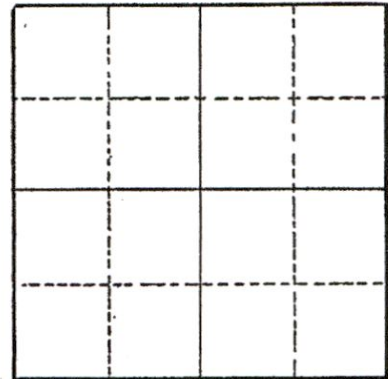
MAILING ADDRESS: Rt. 2, Box 383

LOCATION OF WELL: Owner's No. #4

CITY AND STATE: Albany, Oregon

SW 1/4 NE 1/4 Sec. 8 T. 10 N. S., R. 3 E. W., W.M.

Bearing and distance from section or subdivision corner N. 68° 20' W. 26 chains.



Altitude at well

TYPE OF WELL: Drilled Date Constructed 1951

Depth drilled 22 Depth cased 22

Section

CASING RECORD:

8-inch

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FINISH:

Perforations from 14 to 22

OWRD

AQUIFERS:

WATER LEVEL:

7-feet

PUMPING EQUIPMENT: Type Fairbanks Morse 2" Centrifugal H.P. 10
Capacity 250 G.P.M.

WELL TESTS:
Drawdown 5 ft. after hours Pumping 400 G.P.M.
Drawdown ft. after hours G.P.M.

USE OF WATER Irrigation Temp. °F., 19.

SOURCE OF INFORMATION GR-2184

DRILLER or DIGGER Nicholas Klaus, Rt. 4, Albany, Oregon

ADDITIONAL DATA:
Log Water Level Measurements Chemical Analysis Aquifer Test

REMARKS:

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Business Registry Business Name Search

02-09-2021

13:27

[New Search](#)

Business Entity Data

Registry Nbr	Entity Type	Entity Status	Jurisdiction	Registry Date	Next Renewal Date	Renewal Due?
524071-95	DLLC	ACT	OREGON	05-30-2008	05-30-2021	
Entity Name	CASE FAMILY, LLC					
Foreign Name						

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[New Search](#)

Associated Names

OWRD

Type	PPB	PRINCIPAL PLACE OF BUSINESS				
Addr 1	33010 DEVER-CONNER RD NE					
Addr 2						
CSZ	ALBANY	OR	97321	Country	UNITED STATES OF AMERICA	

Please click [here](#) for general information about registered agents and service of process.

Type	AGT	REGISTERED AGENT	Start Date	04-30-2015	Resign Date	
Name	WILLIAM	COLEMAN	CASE			
Addr 1	33010 DEVER CONNER RD NE					
Addr 2						
CSZ	ALBANY	OR	97321	Country	UNITED STATES OF AMERICA	

Type	MAL	MAILING ADDRESS				
Addr 1	33010 DEVER CONNER RD NE					
Addr 2						
CSZ	ALBANY	OR	97321	Country	UNITED STATES OF AMERICA	

Type	MEM	MEMBER			Resign Date	
Not of Record	THE WILLIAM C. CASE REVOCABLE LIVING TRUST DTD 5-21-1993					
Addr 1	33010 DEVER-CONNER RD NE					
Addr 2						
CSZ	ALBANY	OR	97321	Country	UNITED STATES OF AMERICA	

Type	MEM	MEMBER			Resign Date	
Not of Record	THE GAIL K. CASE REVOCABLE LIVING TURST DTD 5-21-1993					
Addr 1	33010 DEVER-CONNER RD NE					
Addr 2						
CSZ	ALBANY	OR	97321	Country	UNITED STATES OF AMERICA	

Type	MEM	MEMBER			Resign Date	
Name	WILLIAM	COLEMAN	CASE			
Addr 1	33010 DEVER CONNER RD NE					
Addr 2						
CSZ				Country		



Phone: (503) 986-2200
Fax: (503) 378-4381

Articles of Amendment/Dissolution—Limited Liability Company

Secretary of State
Corporation Division
255 Capitol St. NE, Suite 151
Salem, OR 97310-1327
FilingInOregon.com

Check the appropriate box below:

- ARTICLES OF AMENDMENT
(Complete only 1, 2, 3, 6, 7)
- ARTICLES OF DISSOLUTION
(Complete only 4, 5, 6, 7)

REGISTRY NUMBER: 524071-95

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

ARTICLES OF AMENDMENT ONLY

1) ENTITY NAME

CASE FAMILY, LLC

2) THE FOLLOWING AMENDMENT(S) TO THE ARTICLES OF ORGANIZATION IS MADE HEREBY. (State the article number(s) and set forth the article(s) as it amended to read.)

Article VI: The names and addresses of the owners/members are:

The William C. Case Revocable Living Trust dated May 21, 1993; and

The Gail K. Case Revocable Living Trust dated May 21, 1993

33010 Dever-Conner Rd. NE

Albany, OR 97321

3) PLEASE CHECK THE APPROPRIATE STATEMENT

This amendment was adopted by the manager(s) without member action. Member action was not required.

Date of adoption of each amendment: 06/01/2008

This amendment(s) was approved by the members. _____ percent of the members approved the amendment(s).

Date of adoption of each amendment: _____

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ARTICLES OF DISSOLUTION ONLY

4) NAME OF LIMITED LIABILITY COMPANY _____

5) DATE OF DISSOLUTION _____

6) EXECUTION (Must be signed by at least one member or manager.)

Signature
William C. Case

Printed Name
William C. Case, Trustee

Title
Operating Manager

7) CONTACT NAME (To resolve questions with this filing.)

Andrew S. Noonan

DAYTIME PHONE NUMBER (Include area code.)

(541) 926-5504

FEES

Required Processing Fee \$50
Confirmation Copy (Optional) \$5

Processing Fees are nonrefundable.

Please make check payable to
"Corporation Division."

NOTE:

Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.