

# Application for Permanent Water Right Transfer



Oregon Water Resources Department  
725 Summer Street NE, Suite A  
Salem, Oregon 97301-1266  
(503) 986-0900  
www.oregon.gov/OWRD

## Part 1 of 5 – Minimum Requirements Checklist

**This transfer application will be returned if Parts 1 through 5 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 items included with this application. (N/A = Not Applicable)

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- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Transfer Application Map Checklist.
- Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, and completed Fee Worksheet, page 3. Try the new online fee calculator at: [http://apps.wrd.state.or.us/apps/misc/wrd\\_fee\\_calculator](http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator).
- Part 4 – Completed Applicant Information and Signature.
- Part 5 – Information about Water Rights to be Transferred: **How many water rights are to be transferred? 3 List them here: C62259, C59063, C62262**  
Please include a separate Part 5 for each water right. (See instructions on page 6)  
**NOTE: A separate transfer application is required for each water right unless the criteria in OAR 690-380-3220 are met.**

**Attachments:**

- Completed Transfer Application Map.
- Completed Evidence of Use Affidavit and supporting documentation.
- N/A Affidavit(s) of Consent from Landowner(s) (if the applicant does not own the land the water right is on.)
- N/A Supplemental Form D – For water rights served by or issued in the name of an irrigation district. Complete when the transfer applicant is not the irrigation district.
- N/A Oregon Water Resources Department’s Land Use Information Form with approval and signature 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.
- N/A Geologist Report for a change from a surface water point of diversion to a ground water point of appropriation (well), if the proposed well is more than 500’ from the surface water source and more than 1000’ upstream or downstream from the point of diversion. See OAR 690-380-2130 for requirements and applicability.

**(For Staff Use Only)**

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

<input type="checkbox"/> Application fee not enclosed/insufficient	<input type="checkbox"/> Map not included or incomplete
<input type="checkbox"/> Land Use Form not enclosed or incomplete	<input type="checkbox"/> Evidence of Use Form not enclosed or incomplete
<input type="checkbox"/> Additional signature(s) required	<input type="checkbox"/> Part ____ is incomplete

Other/Explanation \_\_\_\_\_

Staff: \_\_\_\_\_ 503- \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Part 2 of 5 – Transfer Application Map

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

Please be sure that the transfer application map you submit includes all the required items and matches the existing water right map. Check all boxes that apply.

- N/A Certified Water Right Examiner (CWRE) Stamp and Original Signature. For a list of CWREs, see [http://apps.wrd.state.or.us/apps/wr/cwre\\_license\\_view/](http://apps.wrd.state.or.us/apps/wr/cwre_license_view/). CWRE stamp and signature are not required for substitutions.
- N/A If **more than three** water rights are involved, separate maps are needed for each water right.
- 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 Final Proof/Claim of Beneficial Use Map (the map used when the permit was certificated), 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 diversion/appropriation such as main pipelines, canals, and ditches.
- Existing place of use that includes separate hachuring for each water right, 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 water right is being changed, a separate hachuring is needed for lands left unchanged.
- N/A Proposed place of use that includes separate hachuring for each water right, 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 diversion or well(s) with distance and bearing or coordinates from a recognized survey corner. This information can be found in your water right certificate or permit.
- N/A If you are proposing a change in point(s) of diversion or well(s), 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°).





## Part 4 of 5 – Applicant Information and Signature

### Applicant Information

APPLICANT/BUSINESS NAME <b>Tim Melville</b>			PHONE NO. <b>541 263 0318</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>84887 Joseph Hwy</b>				FAX NO.
CITY <b>Enterprise</b>	STATE <b>OR</b>	ZIP <b>97828</b>	E-MAIL	
<b>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.</b>				

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

AGENT/BUSINESS NAME <b>Kurt Melville</b>			PHONE NO. <b>541 398 0166</b>	ADDITIONAL CONTACT NO.
ADDRESS <b>1302 Sagewood St</b>				FAX NO.
CITY <b>Enterprise</b>	STATE <b>OR</b>	ZIP <b>97828</b>	E-MAIL <b>cornerstonefarms.km@gmail.com</b>	
<b>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.</b>				

Explain in your own words what you propose to accomplish with this transfer application, and why:  
Move water rights from areas that will no longer be irrigated to areas that will be irrigated. Please send all correspondence to agent address.

If you need additional space, continue on a separate piece of paper and attach to the application as "Attachment 1".

### 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 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.

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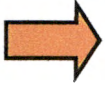
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By my signature below, I confirm that I understand:

- Prior to Department approval of the transfer application, 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 water right 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 newspaper: \_\_\_\_\_.
- Amendments to the application may only be made in response to the Department's Draft Preliminary Determination (DPD). The applicant will have a period of at least 30 days to amend the application to address any issues identified by the Department in the DPD, or to withdraw the application. Note that amendments may be subject to additional fees, pursuant to ORS 536.050.
- Failure to complete an approved change in place of use and/or change in character of use, will result in loss of the water right (OAR 690-380-6010).
- Refunds may only be granted upon request and, as set forth in ORS 536.050(4)(a), if the Director determines that a refund of all or part of a fee is appropriate in the interests of fairness to the public or necessary to correct an error of the Department.

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



Kurt Melville  
Applicant signature

Kurt Melville Agent  
Print Name (and Title if applicable)

1/31/2024  
Date

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Print Name (and Title if applicable)

\_\_\_\_\_  
Date

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 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 water right(s) were conveyed.*

Check the following boxes that apply:

- The applicant is responsible for completion of change(s). Notices and correspondence should continue to be sent to the applicant.
- The receiving landowner will be responsible for completing the proposed change(s) after the final order is issued. Copies of notices and correspondence should be sent to this landowner.
- Both the receiving landowner and applicant will be responsible for completion of change(s). Copies of notices and correspondence should be sent to this landowner and the applicant.

At this time, are the lands in this transfer application in the process of being sold?  Yes  No

If YES, and you know who the new landowner will be, please complete the receiving landowner information table below. If you do not know who the new landowner will be, then a request for assignment will have to be filed for at a later date.

If a property sells, the certificated water right(s) located on the land belong to the new owner, unless a sale agreement or other document states otherwise. For more information see:

[https://www.oregon.gov/owrd/WRDFormsPDF/Transfer\\_Property\\_Transactions.pdf](https://www.oregon.gov/owrd/WRDFormsPDF/Transfer_Property_Transactions.pdf)

RECEIVING LANDOWNER NAME			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	
Describe any special ownership circumstances:				
The confirming Certificate shall be issued in the name of: <input type="checkbox"/> Applicant <input type="checkbox"/> Receiving Landowner				

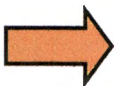


Check here if any of the water rights proposed for transfer are or will be located within or served by an irrigation or other water district. (Tip: Complete and attach Supplemental Form D.)

IRRIGATION DISTRICT NAME	ADDRESS	
CITY	STATE	ZIP

Check here if water for any of the rights supplied under a water service agreement or other contract for stored water with a federal agency or other entity.

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP



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

ENTITY NAME <b>Wallowa County Planning Dept</b>	ADDRESS <b>101 South River St</b>	
CITY <b>Enterprise</b>	STATE <b>OR</b>	ZIP <b>97828</b>

ENTITY NAME	ADDRESS	
CITY	STATE	ZIP

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## INSTRUCTIONS for editing the Application Form

To add additional lines to tables within the forms or to copy and paste additional Part 5 pages, please **save the application form to your computer**. Unlock the document by using one of the following instructions for your Microsoft Word software version:

### Microsoft Word 2003

Unlock the document by one of the following:

- Using the **Tools** menu => click **Unprotect Document**;

**OR**

- Using the **Forms** toolbar => click on the **Protect/Unprotect** icon.

To relock the document to enable the checkboxes to work, you will need to:

- Using the **Tools** menu => click **Protect Document**;

**OR**

- Using the **Forms** toolbar => click on the **Protect/Unprotect** icon.

### Microsoft Word 2007

- Unlock the document by clicking the **Review** tab, then click **Protect Document**, then click **Stop Protect**
- To relock the document, click **Editing Restrictions**, then click **Allow Only This Type of Editing**, select **Filling In Forms** from the drop-down menu, then check **Yes, Start Enforcing Protection**.

### Microsoft Word 2010

- Unlock the document by clicking the **Review** tab; toggle the **Restrict Editing** icon at the upper right, then click **Stop Protect** at the bottom right. Then uncheck the "**Allow only this type of editing in the document: Filling in forms**" in the "Editing restrictions" section on the right-hand list of options.
- To relock the document, check the **Editing Restrictions/Allow Only This Type of Editing/Filling In Forms** box from the drop-down menu, then check **Yes, Start Enforcing Protection**. You do not need to assign a password for the editing restrictions.

### Other Alternatives:

- Photocopy pages or tables in Part 5, ~~mark through~~ any non-applicable information, insert/attach photocopied pages to document in the appropriate location, and manually amend page numbers as necessary (e.g. Page 5 6 of 9 10).
- You may refer to additional attachments that you may include, such as separately produced tables or spreadsheets to convey large numbers of rows of place of use listings, owner/property parcels, etc. You may contact the Department at 503-986-0900 and ask for Transfer Staff if you have questions.

Once the application has been unlocked, you may:

- add additional rows to **tables** using the Table tools, and
- select and copy the pages of Part 5 and paste as many additional sets of Part 5 pages as needed at the end of the application.

After editing, re-lock the document to enable checkboxes to work.

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Part 5 of 5 – Water Right Information

Please use a separate Part 5 for each water right being changed. See instructions on page 6, to copy and paste additional Part 5s, or to add additional rows to tables within the form.

CERTIFICATE # 62259

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Description of Water Delivery System

System capacity: 0.913 cubic feet per second (cfs) OR \_\_\_\_\_ gallons per minute (gpm)

Describe the current water delivery system or the system that was in place at some time within the last five years. Include information on the pumps, canals, pipelines, and sprinklers used to divert, convey, and apply the water at the authorized place of use. Two 150 HP turbines capable of 3200 GPM to mainlines, and high pressure sprinklers and center pivots

Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA) (Note: If the POD/POA name is not specified on the certificate, assign it a name or number here.)

Table with 9 columns: POD/POA Name or Number, Is this POD/POA Authorized on the Certificate or is it Proposed?, If POA, OWRD Well Log ID# (or Well ID Tag # L-\_\_\_), Twp, Rng, Sec, 1/4 1/4, Tax Lot, DLC or Gov't Lot, Measured Distances (from a recognized survey corner). The table contains four rows, each with checkboxes for Authorized and Proposed.

Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses):

- Place of Use (POU) [checked]
Character of Use (USE) [ ]
Point of Diversion (POD) [ ]
Additional Point of Diversion (APOD) [ ]
Surface Water POD to Ground Water POA (SW/GW) [ ]
Supplemental Use to Primary Use (S to P) [ ]
Point of Appropriation/Well (POA) [ ]
Additional Point of Appropriation (APOA) [ ]
Substitution (SUB) [ ]
Government Action POD (GOV) [ ]

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Will all of the proposed changes affect the entire water right?

- Yes Complete only the Proposed ("to" or "on" 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 water right to be changed. [checked]



Please use and attach additional pages of Table 2 as needed.  
See page 6 for instructions.

Do you have questions about how to fill-out the tables?  
Contact the Department at 503-986-0900 and ask for Transfer Staff.

**Table 2. Description of Changes to Water Right Certificate # 62259**

List the change proposed for the acreage in each ¼ ¼. If more than one change is proposed, specify the acreage associated with each change.  
If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.											Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.														
Twp	Rng	Sec	¼	¼	Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Priority Date		Twp	Rng	Sec	¼	¼	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date				
<b>EXAMPLE</b>																										
2	S	9	E	15	NE	NW	100		15.0	Irrigation	POD #1 POD #2	1901	POU/POD	2	S	9	E	1	NW	NW	500	1	10.0		POD #1	1901
														2	S	9	E	2	SW	NW	500		5.0		POD #6	1901
1	S	45	E	31	SW	SE	3300		0.2	IRRIGATION		1976	POU	1	S	44	E	36	NE	SE	7000		10.0			1976
1	S	45	E	31	NE	SW	3300		4.7	IRRIGATION		1976	POU	1	S	44	E	36	SE	SE	7000		8.2			1976
1	S	45	E	31	SE	SW	3300		2.7	IRRIGATION		1976	POU	2	S	44	E	1	NE	NE	601	1	13.8			1976
1	S	45	E	31	SW	SW	3300		1.9	IRRIGATION		1976	POU	2	S	45	E	6	SW	NW	1501	5	3.0			1976
1	S	45	E	31	NW	SW	3300		5.4	IRRIGATION		1976	POU	2	S	45	E	6	NW	NW	1501	4	1.5			1976
2	S	45	E	6	NE	NW	1501	3	2.9	IRRIGATION		1976	POU													
2	S	45	E	6	SE	NW	1501		5.2	IRRIGATION		1976	POU													
2	S	45	E	6	SW	NW	1501	5	7.2	IRRIGATION		1976	POU													
2	S	45	E	6	NW	NW	1501	4	0.9	IRRIGATION		1976	POU													
1	S	45	E	31	NW	SE	3300		5.4	IRRIGATION		1976	POU													
TOTAL ACRES:								36.5						TOTAL ACRES:								36.5				

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Additional remarks: \_\_\_\_\_.





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Part 5 of 5 – Water Right Information

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Please use a separate Part 5 for each water right being changed. See instructions on page 6, to copy and paste additional Part 5s, or to add additional rows to tables within the form.

CERTIFICATE # 59063

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Description of Water Delivery System

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MAR 28 2023

System capacity: 0.065 cubic feet per second (cfs) OR \_\_\_\_\_ gallons per minute (gpm)

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Describe the current water delivery system or the system that was in place at some time within the last five years. Include information on the pumps, canals, pipelines, and sprinklers used to divert, convey, and apply the water at the authorized place of use. 75HP pump producing ~800 GPM to mainlines, and high pressure sprinklers

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

(Note: If the POD/POA name is not specified on the certificate, assign it a name or number here.)

Table with 9 columns: POD/POA Name or Number, Is this POD/POA Authorized on the Certificate or is it Proposed?, If POA, OWRD Well Log ID# (or Well ID Tag # L-\_\_\_), Twp, Rng, Sec, 1/4 1/4, Tax Lot, DLC or Gov't Lot, Measured Distances (from a recognized survey corner). Rows 1-4 contain checkboxes for Authorized and Proposed.

Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses):

- Place of Use (POU) [checked]
Character of Use (USE)
Point of Diversion (POD)
Additional Point of Diversion (APOD)
Surface Water POD to Ground Water POA (SW/GW)
Supplemental Use to Primary Use (S to P)
Point of Appropriation/Well (POA)
Additional Point of Appropriation (APOA)
Substitution (SUB)
Government Action POD (GOV)

Will all of the proposed changes affect the entire water right?

- Yes Complete only the Proposed ("to" or "on" 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 water right to be changed.



Please use and attach additional pages of Table 2 as needed.  
See page 6 for instructions.

Do you have questions about how to fill-out the tables?  
Contact the Department at 503-986-0900 and ask for Transfer Staff.

**Table 2. Description of Changes to Water Right Certificate # 59063**

List the change proposed for the acreage in each ¼ ¼. If more than one change is proposed, specify the acreage associated with each change.  
If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.											Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.																		
Twp	Rng	Sec	¼	¼	Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Priority Date		Twp	Rng	Sec	¼	¼	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date								
<b>EXAMPLE</b>																														
2	S	9	E	15	NE	NW	100		15.0	Irrigation	POD #1 POD #2	1901	POU/POD	2	S	9	E	1	NW	NW	500	1	10.0		POD #5	1901				
															2	S	9	E	2	SW	NW	500		5.0		POD #6	1901			
2	S	44	E	1	NW	SE	600	10	1.6	IRRIGATION		1976	POU	2	S	44	E	1	NE	NE	601	1	0.8			1976				
2	S	44	E	1	NE	SE	600	9	1.0	IRRIGATION		1976	POU	2	S	44	E	1	NW	NE	601	2	1.8			1976				
TOTAL ACRES:							2.6																TOTAL ACRES:							2.6

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MAR 28 2023

OWRD

RECEIVED

APR 10 2023

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FEB 14 2024

OWRD

Additional remarks: \_\_\_\_\_.





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Part 5 of 5 – Water Right Information

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Please use a separate Part 5 for each water right being changed. See instructions on page 6, to copy and paste additional Part 5s, or to add additional rows to tables within the form.

CERTIFICATE # 62262

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Description of Water Delivery System

MAR 28 2023

System capacity: 1.60 cubic feet per second (cfs) OR \_\_\_\_\_ gallons per minute (gpm)

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Describe the current water delivery system or the system that was in place at some time within the last five years. Include information on the pumps, canals, pipelines, and sprinklers used to divert, convey, and apply the water at the authorized place of use. 2, 150 HP turbine pumps, each capable of 1600 GPM totaling 3200 GPM, to mainlines, to high pressure sprinklers and pivots

Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA) (Note: If the POD/POA name is not specified on the certificate, assign it a name or number here.)

Table with 9 columns: POD/POA Name or Number, Is this POD/POA Authorized or Proposed?, If POA, OWRD Well Log ID# (or Well ID Tag # L-\_\_\_), Twp, Rng, Sec, 1/4 1/4, Tax Lot, DLC or Gov't Lot, Measured Distances (from a recognized survey corner). The table contains four rows, each with checkboxes for Authorized and Proposed.

Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses):

- Place of Use (POU) [checked]
Character of Use (USE)
Point of Diversion (POD)
Additional Point of Diversion (APOD)
Surface Water POD to Ground Water POA (SW/GW)
Supplemental Use to Primary Use (S to P)
Point of Appropriation/Well (POA)
Additional Point of Appropriation (APOA)
Substitution (SUB)
Government Action POD (GOV)

Will all of the proposed changes affect the entire water right?

- Yes Complete only the Proposed ("to" or "on" 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 water right to be changed.





Please use and attach additional pages of Table 2 as needed.  
See page 6 for instructions.

Do you have questions about how to fill-out the tables?  
Contact the Department at 503-986-0900 and ask for Transfer Staff.

**Table 2. Description of Changes to Water Right Certificate # 62262**

List the change proposed for the acreage in each ¼ ¼. If more than one change is proposed, specify the acreage associated with each change.  
If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

AUTHORIZED (the "from" or "off" lands) The listing that appears on the certificate BEFORE PROPOSED CHANGES List only that part or portion of the water right that will be changed.											Proposed Changes (see "CODES" from previous page)	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.																		
Twp	Rng	Sec	¼	¼	Tax Lot	Gvt Lot or DLC	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Priority Date		Twp	Rng	Sec	¼	¼	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date								
<b>EXAMPLE</b>																														
2	S	9	E	15	NE	NW	100		15.0	Irrigation	POD #1	POD #2	1901	POU/POD	2	S	9	E	1	NW	NW	500	1	10.0		POD #5	1901			
															2	S	9	E	2	SW	NW	500		5.0		POD #6	1901			
1	S	45	E	31	NE	SE	3300		9.1	IRRIGATION			1976	POU	1	S	44	E	36	NE	SE	7000		8.0			1976			
1	S	45	E	31	SE	SE	3300		6.6	IRRIGATION			1976	POU	1	S	44	E	36	SE	SE	7000		22.7			1976			
2	S	45	E	6	NE	NE	1501	1	23.3	IRRIGATION			1976	POU	1	S	44	E	36	SW	SE	7000		25.3			1976			
2	S	45	E	6	SE	NE	1501		21.2	IRRIGATION			1976	POU	1	S	44	E	36	NW	SE	7000		8.0			1976			
2	S	45	E	6	SW	NE	1501		1.0	IRRIGATION			1976	POU																
2	S	45	E	6	NW	NE	1501	2	2.8	IRRIGATION			1976	POU																
TOTAL ACRES:							64.0																TOTAL ACRES:							64.0

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Additional remarks: \_\_\_\_\_



# Land Use Information Form

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Oregon Water Resources Department  
725 Summer Street NE, Suite A  
Salem, Oregon 97301-1266  
(503) 986-0900  
www.wrd.state.or.us

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## NOTE TO APPLICANTS

In order for your application to be processed by the Water Resources Department (WRD), this Land Use Information Form must be completed by a local government planning official in the jurisdiction(s) where your water right will be used and developed. The planning official may choose to complete the form while you wait, or return the receipt stub to you. Applications received by WRD without the Land Use Form or the receipt stub will be returned to you. Please be aware that your application will not be approved without land use approval.

### This form is NOT required if:

- 1) Water is to be diverted, conveyed, and/or used only on federal lands; **OR**
- 2) The application is for a water right transfer, allocation of conserved water, exchange, permit amendment, or ground water registration modification, and **all** of the following apply:
  - a) The existing and proposed water use is located entirely within lands zoned for exclusive farm-use or within an irrigation district;
  - b) The application involves a change in place of use only;
  - c) The change does not involve the placement or modification of structures, including but not limited to water diversion, impoundment, distribution facilities, water wells and well houses; and
  - d) The application involves irrigation water uses only.

## NOTE TO LOCAL GOVERNMENTS

The person presenting the attached Land Use Information Form is applying for or modifying a water right. The Water Resources Department (WRD) requires its applicants to obtain land-use information to be sure the water rights do not result in land uses that are incompatible with your comprehensive plan. Please complete the form or detach the receipt stub and return it to the applicant for inclusion in their water right application. You will receive notice once the applicant formally submits his or her request to the WRD. The notice will give more information about WRD's water rights process and provide additional comment opportunities. You will have 30 days from the date of the notice to complete the land-use form and return it to the WRD. If no land-use information is received from you within that 30-day period, the WRD may presume the land use associated with the proposed water right is compatible with your comprehensive plan. Your attention to this request for information is greatly appreciated by the Water Resources Department. If you have any questions concerning this form, please contact the WRD's Customer Service Group at 503-986-0801.

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# Land Use Information Form



Oregon Water Resources Department  
725 Summer Street NE, Suite A  
Salem, Oregon 97301-1266  
(503) 986-0900  
www.wrd.state.or.us

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Applicant(s): Cornerstone Farms, c/o Kurt Melville, Tim Melville owners

Mailing Address: 84887 Joseph Hwy

OWRD

City: Enterprise

State: OR

Zip Code: 97828

Daytime Phone: 541-398-0166

## A. Land and Location

Please include the following information for all tax lots where water will be diverted (taken from its source), conveyed (transported), and/or used or developed. Applicants for municipal use, or irrigation uses within irrigation districts may substitute existing and proposed service-area boundaries for the tax-lot information requested below.

Township	Range	Section	¼ ¼	Tax Lot #	Plan Designation (e.g., Rural Residential/RR-5)	Water to be:			Proposed Land Use:
<u>1S</u>	<u>44E</u>	<u>36</u>	_____	<u>7000</u>	<u>EFU</u>	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>farming</u>
<u>2S</u>	<u>44E</u>	<u>1</u>	_____	<u>601</u>	<u>EFU</u>	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>farming</u>
<u>2S</u>	<u>45E</u>	<u>6</u>	_____	<u>1501</u>	<u>EFU</u>	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>farming</u>
<u>1S</u>	<u>45E</u>	<u>31</u>	_____	<u>3300</u>	<u>EFU</u>	<input type="checkbox"/> Diverted	<input checked="" type="checkbox"/> Conveyed	<input checked="" type="checkbox"/> Used	<u>farming</u>

List all counties and cities where water is proposed to be diverted, conveyed, and/or used or developed:

Wallowa county

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## B. Description of Proposed Use

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Type of application to be filed with the Water Resources Department:

- Permit to Use or Store Water   
  Water Right Transfer   
  Permit Amendment or Ground Water Registration Modification  
 Limited Water Use License   
  Allocation of Conserved Water   
  Exchange of Water

Source of water:  Reservoir/Pond     Ground Water     Surface Water (name) Prairie Creek

Estimated quantity of water needed: 3200     cubic feet per second     gallons per minute     acre-feet

Intended use of water:  Irrigation     Commercial     Industrial     Domestic for \_\_\_\_\_ household(s)  
 Municipal     Quasi-Municipal     Instream     Other \_\_\_\_\_

Briefly describe:

Proposing a permanent transfer of water rights from land currently farmed or in CRP that is adjacent to land we wish to transfer water rights onto for the more efficient use of water and labor. Most of the land is currently being farmed under a temporary water rights transfer that was authorized in both 2013 and 2018.

**Note to applicant:** If the Land Use Information Form cannot be completed while you wait, please have a local government representative sign the receipt at the bottom of the next page and include it with the application filed with the Water Resources Department.

See bottom of Page 3. →

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# For Local Government Use Only

The following section must be completed by a planning official from each county and city listed unless the project will be located entirely within the city limits. In that case, only the city planning agency must complete this form. This deals only with the local land-use plan. Do not include approval for activities such as building or grading permits.

**Please check the appropriate box below and provide the requested information**

- Land uses to be served by the proposed water uses (including proposed construction) are allowed outright or are not regulated by your comprehensive plan. Cite applicable ordinance section(s):
- Land uses to be served by the proposed water uses (including proposed construction) involve discretionary land-use approvals as listed in the table below. (Please attach documentation of applicable land-use approvals which have already been obtained. Record of Action/land-use decision and accompanying findings are sufficient.) **If approvals have been obtained but all appeal periods have not ended, check "Being pursued."**

Type of Land-Use Approval Needed (e.g., plan amendments, rezones, conditional-use permits, etc.)	Cite Most Significant, Applicable Plan Policies & Ordinance Section References	Land-Use Approval:	
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
	RECEIVED	<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
	MAR 28 2023	<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
	OWRD	<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued
		<input type="checkbox"/> Obtained <input type="checkbox"/> Denied	<input type="checkbox"/> Being Pursued <input type="checkbox"/> Not Being Pursued

Local governments are invited to express special land-use concerns or make recommendations to the Water Resources Department regarding this proposed use of water below, or on a separate sheet.

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Name: Jean Jancoitis Title: Planning Dept. Sp.  
 Signature: [Signature] Phone: 541-426-7770 Date: 3/13/23  
 Government Entity: Wallowa County Planning Dept

**Note to local government representative:** Please complete this form or sign the receipt below and return it to the applicant. If you sign the receipt, you will have 30 days from the Water Resources Department's notice date to return the completed Land Use Information Form or WRD may presume the land use associated with the proposed use of water is compatible with local comprehensive plans.

**Receipt for Request for Land Use Information**

Applicant name: \_\_\_\_\_  
 City or County: \_\_\_\_\_ Staff contact: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

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# Application for Water Right Transfer



Oregon Water Resources Department  
725 Summer Street NE, Suite A  
Salem, Oregon 97301-1266  
(503) 986-0900  
www.wrd.state.or.us

## Consent by Deeded Landowner

State of Oregon )  
 )ss  
County of WALLOWA )

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I TIM MELVILLE in my/our capacity as OWNER,

mailing address 84887 JOSEPH HWY, ENTERPRISE, OR, 97828,

telephone number 541-263-0318, duly sworn depose and say that I/We

consent to the proposed change(s) to Water Right Certificate Number 2993, 59063, 62259, 62262

described in a Water Right Transfer Application (T-\_\_\_\_),

*(transfer number, if known)*

submitted by KURT MELVILLE

on the property in tax lot number(s) 3300, 1501,

Section 1, 6, 31 Township 2S, 1S North/South Range 44E, 45E East/West, W.M.,

located at 84887 JOSEPH HWY, ENTERPRISE, OR, 97828

*(site address)*

Signature of Affiant

3/20/23

Date

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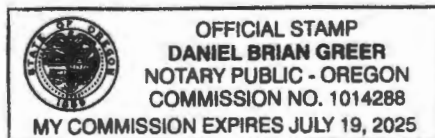
APR 10 2023

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Signature of Affiant

Date

Subscribed and Sworn to before me this 20<sup>th</sup> day of March, 2023.



Notary Public for Oregon

My commission expires 7/19/2025.





# Application for Water Right Transfer

## Evidence of Use Affidavit



Oregon Water Resources Department  
 725 Summer Street NE, Suite A  
 Salem, Oregon 97301-1266  
 (503) 986-0900  
 www.wrd.state.or.us

Please print legibly or type. Be as specific as possible. Attach additional pages if you need more spacing. Supporting documentation must be attached.

State of Oregon )  
 ) ss  
 County of WALLOWA)

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 OWRD

I, KURT MELVILLE, in my capacity as FARM MANAGER,  
 mailing address 1302 SAGEWOOD ST, ENTERPRISE, OREGON, 97828  
 telephone number (541)398 0166, being first duly sworn depose and say:

1. My knowledge of the exercise or status of the water right is based on (check one):

- Personal observation       Professional expertise

2. I attest that:

Water was used during the previous five years on the **entire** place of use for Certificate # \_\_\_\_\_; **OR**

My knowledge is specific to the use of water at the following locations within the last five years:

Certificate #	Township	Range	Mer	Sec	¼ ¼	Gov't Lot or DLC	Acres (if applicable)

OR

- Confirming Certificate # \_\_\_\_\_ has been issued within the past five years; **OR**
- Part or all of the water right was leased instream at some time within the last five years. The instream lease number is: \_\_\_\_\_ (Note: If the entire right proposed for transfer was not leased, additional evidence of use is needed for the portion not leased instream.); **OR**
- The water right is not subject to forfeiture and documentation that a presumption of forfeiture for non-use would be rebutted under ORS 540.610(2) is attached.
- Water has been used at the actual current point of diversion or appropriation for more than 10 years for Certificate # \_\_\_\_\_ (For Historic POD/POA Transfers)

(continues on reverse side)

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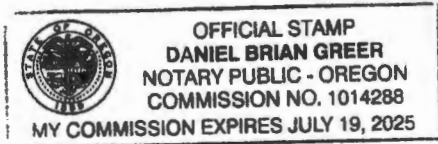
3. The water right was used for: (e.g., crops, pasture, etc.): THE ACRES OF CERTIFICATES #62259 AND #62262 BEING TRANSFERRED UNDER THIS APPLICATION WAS IN THE GOVERNMENT CONSERVATION PROGRAM (CRP). SEE DOCUMENTS.

4. I understand that if I do not attach one or more of the documents shown in the table below to support the above statements, my application will be considered incomplete.

Kurt McVill  
Signature of Affiant

03/16/2023  
Date

Signed and sworn to (or affirmed) before me this 16<sup>th</sup> day of March, 2023.



Daniel Greer  
Notary Public for Oregon

RECEIVED My Commission Expires: 7/19/25  
FEB 14 2024

Supporting Documents	OWRD Examples
<input type="checkbox"/> Copy of a water right certificate that has been issued within the last five years. (not a remaining right certificate)	Copy of <b>confirming</b> water right certificate that shows issue date
<input type="checkbox"/> Copies of receipts from sales of irrigated crops or for expenditures related to use of water	<ul style="list-style-type: none"> <li>● Power usage records for pumps associated with irrigation use</li> <li>● Fertilizer or seed bills related to irrigated crops</li> <li>● Farmers Co-op sales receipt</li> </ul>
<input checked="" type="checkbox"/> Records such as FSA crop reports, irrigation district records, NRCS farm management plan, or records of other water suppliers	<ul style="list-style-type: none"> <li>● District assessment records for water delivered</li> <li>● Crop reports submitted under a federal loan agreement</li> <li>● Beneficial use reports from district</li> <li>● IRS Farm Usage Deduction Report</li> <li>● Agricultural Stabilization Plan</li> <li>● CREP Report</li> </ul>
<input type="checkbox"/> Aerial photos containing sufficient detail to establish location and date of photograph	<p>Multiple photos can be submitted to resolve different areas of a water right. If the photograph does not print with a "date stamp" or without the source being identified, the date of the photograph and source should be added.</p> <p>Sources for aerial photos: OSU – <a href="http://www.oregonexplorer.info/imagery">www.oregonexplorer.info/imagery</a> OWRD – <a href="http://www.wrd.state.or.us">www.wrd.state.or.us</a> Google Earth – <a href="http://earth.google.com">earth.google.com</a> TerraServer – <a href="http://www.terra-server.com">www.terra-server.com</a></p>
<input type="checkbox"/> Approved Lease establishing beneficial use within the last 5 years	Copy of instream lease or lease number

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WALLOWA FSA OFFICE  
401 NE 1ST STREET SUITE E  
ENTERPRISE, OR 97828-1185  
Phone: (541)426-4521

# Payment Statement

**Retain for Tax Purposes**

FSA will not issue 1099 tax forms to customers receiving less than \$600 in reportable benefits in a calendar year.

Statement Date: 10/11/2022



CORNERSTONE FARMS JOINT VENTURE  
64022 IMNAHA HWY  
JOSEPH OR 97846-8148

\*01

0029907  
T78  
JD284

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## Payment Summary

Gross Payment	\$5,224.00
Deductions	- \$0.00
<b>Net Payment</b>	<b>\$5,224.00</b>

## Payment Detail

### CRP PAYMENT - ANNUAL RENTAL

Contract number: 11047 - *T+A Home*  
Payment year: 2022  
Transaction control number: 146132490

Gross Payment

Deductions

Net Payment

ACH sent to CORNERSTONE FARMS JOINT VENTURE at  
COMMUNITY BANK account ending in 5382 on/about 10/13/2022

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FSA Payment ID: 082629605

\$500.00

- \$0.00

\$500.00

#### Notes

Program Year : 2022  
Program Name : CRP  
Contract Number : 11047  
Payment Amount : 500

-This payment is issued by the county FSA office. You may appeal this payment and how it was calculated by filing a written request to the County Committee within 30 calendar days after you receive this statement and by explaining why you believe this payment is erroneous. If you appeal to the County Committee, you have the right to an informal hearing which you or your representative may attend either personally or by telephone. If you appeal to the County Committee, you may later appeal an adverse determination of the County Committee to the FSA State Committee or the National Appeals Division or request mediation. If you do not timely file a written appeal, this payment is a final administrative determination with respect to this matter according to the regulations at 7 CFR Part 780.

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### CRP PAYMENT - ANNUAL RENTAL

Contract number: 10046 *Stangei*  
Payment year: 2022  
Transaction control number: 146132531

Gross Payment

Deductions

Net Payment

ACH sent to CORNERSTONE FARMS JOINT VENTURE at  
COMMUNITY BANK account ending in 5382 on/about 10/13/2022

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FSA Payment ID: 082629626

\$1,012.00

- \$0.00

\$1,012.00

10/11/2022

Page 1 of 2



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USDA is an equal opportunity provider, employer, and lender.

This statement was printed by the USDA/FSA National Office. The Debt Collection Improvement Act of 1996 (DCIA) (31 USC 3716) requires Treasury to reduce federal payments to satisfy overdue federal debt. Treasury collections will not appear as deductions on this statement. If the amount on this statement does not match the amount you receive, questions may be directed to Treasury at 1-800-304-3107. Receipt of this statement does not guarantee payment. FSA/CCC is not liable for overdrafts or failure to verify receipt of funds.

**Notes**

Program Year : 2022  
Program Name : CRP  
Contract Number : 10046  
Payment Amount : 1012

-This payment is issued by the county FSA office. You may appeal this payment and how it was calculated by filing a written request to the County Committee within 30 calendar days after you receive this statement and by explaining why you believe this payment is erroneous. If you appeal to the County Committee, you have the right to an informal hearing which you or your representative may attend either personally or by telephone. If you appeal to the County Committee, you may later appeal an adverse determination of the County Committee to the FSA State Committee or the National Appeals Division or request mediation. If you do not timely file a written appeal, this payment is a final administrative determination with respect to this matter according to the regulations at 7 CFR Part 780.

**CRP PAYMENT - ANNUAL RENTAL**

FSA Payment ID: 082630517

Contract number: 11020 *T+A Home*  
Payment year: 2022  
Transaction control number: 146132420

<b>Gross Payment</b>		<b>\$3,206.00</b>
Deductions		-\$0.00
<b>Net Payment</b>	ACH sent to CORNERSTONE FARMS JOINT VENTURE at COMMUNITY BANK account ending in 5382 on/about 10/13/2022	<b>\$3,206.00</b>

**Notes**

Program Year : 2022  
Program Name : CRP  
Contract Number : 11020  
Payment Amount : 3206

-This payment is issued by the county FSA office. You may appeal this payment and how it was calculated by filing a written request to the County Committee within 30 calendar days after you receive this statement and by explaining why you believe this payment is erroneous. If you appeal to the County Committee, you have the right to an informal hearing which you or your representative may attend either personally or by telephone. If you appeal to the County Committee, you may later appeal an adverse determination of the County Committee to the FSA State Committee or the National Appeals Division or request mediation. If you do not timely file a written appeal, this payment is a final administrative determination with respect to this matter according to the regulations at 7 CFR Part 780.

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**CRP PAYMENT - ANNUAL RENTAL**

FSA Payment ID: 082631529

Contract number: 10028 *T+A Home*  
Payment year: 2022  
Transaction control number: 146132451

<b>Gross Payment</b>		<b>\$506.00</b>
Deductions		-\$0.00
<b>Net Payment</b>	ACH sent to CORNERSTONE FARMS JOINT VENTURE at COMMUNITY BANK account ending in 5382 on/about 10/13/2022	<b>\$506.00</b>

**Notes**

Program Year : 2022  
Program Name : CRP  
Contract Number : 10028  
Payment Amount : 506

-This payment is issued by the county FSA office. You may appeal this payment and how it was calculated by filing a written request to the County Committee within 30 calendar days after you receive this statement and by explaining why you believe this payment is erroneous. If you appeal to the County Committee, you have the right to an informal hearing which you or your representative may attend either personally or by telephone. If you appeal to the County Committee, you may later appeal an adverse determination of the County Committee to the FSA State Committee or the National Appeals Division or request mediation. If you do not timely file a written appeal, this payment is a final administrative determination with respect to this matter according to the regulations at 7 CFR Part 780.

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COPY

This form is available electronically.

<b>CRP-1</b> (07-23-10) <b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation <b>CONSERVATION RESERVE PROGRAM CONTRACT</b> <small>NOTE: The authority for collecting the following information is Pub. L. 107-171. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.</small>	<b>1. ST. &amp; CO. CODE &amp; ADMIN. LOCATION</b> 41063	<b>2. SIGN-UP NUMBER</b> 43
	<b>3. CONTRACT NUMBER</b> 10028 TM	<b>4. ACRES FOR ENROLLMENT</b> 10.0
<b>7. COUNTY OFFICE ADDRESS (Include Zip Code):</b> WALLOWA COUNTY FARM SERVICE AGENCY 401 NE 1ST ST STE E ENTERPRISE, OR 97828	<b>5. FARM NUMBER</b> 0001924	<b>6. TRACT NUMBER(S)</b> 0000193
	<b>8. OFFER (Select one)</b> GENERAL <input checked="" type="checkbox"/> <b>ENVIRONMENTAL PRIORITY</b> <input type="checkbox"/>	<b>FROM:</b> (MM-DD-YYYY) 10/01/2012
<b>TELEPHONE NUMBER (Include Area Code):</b>		

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (who may be referred to as "the Participant"). The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges that a copy of the Appendix for the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. **BY SIGNING THIS CONTRACT PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1, CRP-1 Appendix and any addendum thereto, CRP-2 or CRP-2C, if applicable; and, if applicable, CRP-15.**

<b>10A. Rental Rate Per Acre</b> \$50.40 TM	<b>11. Identification of CRP Land</b>				
<b>B. Annual Contract Payment</b> \$504	<b>A. Tract No.</b> 0000193	<b>B. Field No.</b> 0021	<b>C. Practice No.</b> CP1	<b>D. Acres</b> 10.0	<b>E. Total Estimated Cost-Share</b> \$0.00
<b>C. First Year Payment</b>					
(Item 10C applicable only to continuous signup when the first year payment is prorated.)					

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**12. PARTICIPANTS**

<b>A(1). PARTICIPANTS NAME AND ADDRESS (Zip Code):</b> CORNERSTONE FARMS JOINT VENTURE 84887 JOSEPH HWY ENTERPRISE, OR 97828-4044	<b>(2) SHARE</b> 100.00%	<b>(3) SOCIAL SECURITY NUMBER:</b> <b>(4) SIGNATURE</b> (If more than three individuals are signing, continue on attachment.)	<b>(MM-DD-YYYY)</b> 3/20/12
<b>B(1). PARTICIPANTS NAME AND ADDRESS (Zip Code):</b> TIMOTHY J MELVILLE 84887 JOSEPH HWY ENTERPRISE, OR 97828-4044	<b>(2) SHARE</b> 0.00%	<b>(3) SOCIAL SECURITY NUMBER:</b> <b>(4) SIGNATURE</b> (If more than three individuals are signing, continue on attachment.)	<b>(MM-DD-YYYY)</b> 3/20/12
<b>C(1). PARTICIPANTS NAME AND ADDRESS (Zip Code):</b> AUDRY MELVILLE 84887 JOSEPH HWY ENTERPRISE, OR 97828-4044 <small>(If more than three individuals are signing, continue on attachment.)</small>	<b>(2) SHARE</b> 0.00%	<b>(3) SOCIAL SECURITY NUMBER:</b> <b>(4) SIGNATURE</b> (If more than three individuals are signing, continue on attachment.)	<b>(MM-DD-YYYY)</b> 3/20/12

<b>13. CCC USE ONLY - Payments according to the shares are approved</b>	<b>A. SIGNATURE OF CCC REPRESENTATIVE</b> [Signature]	<b>(MM-DD-YYYY)</b> 9-6-12
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**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is the Food Security Act of 1985, (Pub. L. 99-198), as amended and the Farm Security and Rural Investment Act of 2002 (Pub. L. 107-171) and regulations promulgated at 7 CFR Part 1410 and the Internal Revenue code (26 USC 6109). The information requested is necessary for CCC to consider and process the offer to enter into a Conservation Reserve Program contract, to assist in determining eligibility and to determine the correct parties to the contract. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in determination of ineligibility for certain program benefits and other financial assistance administered by USDA agency. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law Enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 288, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital and family status. (Not all prohibited bases apply to all programs). Persons with disabilities who require alternative means for communication of program information (Braille, large print, audio tapes etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 328-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5984 (voice or TDD). USDA is an equal opportunity provider and employer.

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This form is available electronically.

<b>CRP-1</b> (07-23-10) <b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation <b>CONSERVATION RESERVE PROGRAM CONTRACT</b> <small>NOTE: The authority for collecting the following information is Pub. L. 107-171. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.</small>	1. ST. & CO. CODE & ADMIN. LOCATION 41083	2. SIGN-UP NUMBER 41
	3. CONTRACT NUMBER 10002	4. ACRES FOR ENROLLMENT 13.2
7. COUNTY OFFICE ADDRESS (Include Zip Code): WALLOWA COUNTY FARM SERVICE AGENCY 401 NE 1ST ST STE E ENTERPRISE, OR 97828	5. FARM NUMBER 0001924	6. TRACT NUMBER(S) 0000193
TELEPHONE NUMBER (Include Area Code):	8. OFFER (Select one) GENERAL <input checked="" type="checkbox"/> ENVIRONMENTAL PRIORITY <input type="checkbox"/>	FROM: (MM-DD-YYYY) 10/01/2011 TO: (MM-DD-YYYY) 09/30/2021

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (who may be referred to as "the Participant"). The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges that a copy of the Appendix for the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. BY SIGNING THIS CONTRACT PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1, CRP-1 Appendix and any addendum thereto, CRP-2 or CRP-2C, if applicable; and, if applicable, CRP-15.

10A. Rental Rate Per Acre	\$52.53 <i>TM</i>	11. Identification of CRP Land				
B. Annual Contract Payment	\$693	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
C. First Year Payment		0000193	0013	CP1	3.2	\$0.00
<i>(Item 10C applicable only to continuous signup when the first year payment is prorated.)</i>		0000193	0023	CP1	10.0	\$0.00

<b>12. PARTICIPANTS</b>	
A(1). PARTICIPANTS NAME AND ADDRESS (Zip Code): CORNERSTONE FARMS JOINT VENTURE 84887 JOSEPH HWY ENTERPRISE, OR 97828-4044	(2) SHARE 100.00%
	(3) SOCIAL SECURITY NUMBER: (4) SIGNATURE BY <i>Member</i> <i>Tim Melville</i> <small>(If more than three individuals are signing, continue on attachment.)</small>
	(MM-DD-YYYY) 4/13/11
B(1). PARTICIPANTS NAME AND ADDRESS (Zip Code): TIMOTHY J MELVILLE 84887 JOSEPH HWY ENTERPRISE, OR 97828-4044	(2) SHARE 0.00%
	(3) SOCIAL SECURITY NUMBER: (4) SIGNATURE <i>Tim Melville</i> <small>(If more than three individuals are signing, continue on attachment.)</small>
	(MM-DD-YYYY) 4/13/11
C(1). PARTICIPANTS NAME AND ADDRESS (Zip Code): AUDRY MELVILLE 84887 JOSEPH HWY ENTERPRISE, OR 97828-4044 <small>(If more than three individuals are signing, continue on attachment.)</small>	(2) SHARE 0.00%
	(3) SOCIAL SECURITY NUMBER: (4) SIGNATURE <i>Spouse</i> <i>Tim Melville</i> <small>(If more than three individuals are signing, continue on attachment.)</small>
	(MM-DD-YYYY) 4/13/11
13. CCC USE ONLY - Payments according to the shares are approved	A. SIGNATURE OF CCC REPRESENTATIVE <i>[Signature]</i> (MM-DD-YYYY) 9-23-2011

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is the Food Security Act of 1985, (Pub. L. 99-198), as amended and the Farm Security and Rural Investment Act of 2002 (Pub. L. 107-171) and regulations promulgated at 7 CFR Part 1410 and the Internal Revenue code (26 USC 6109). The information requested is necessary for CCC to consider and process the offer to enter into a Conservation Reserve Program contract, to assist in determining eligibility and to determine the correct parties to the contract. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in determination of ineligibility for certain program benefits and other financial assistance administered by USDA agency. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law Enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 851, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital and family status. (Not all prohibited bases apply to all programs). Persons with disabilities who require alternative means for communication of program information (Braille, large print, audio tapes etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

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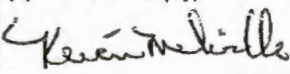
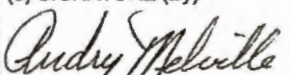
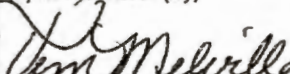


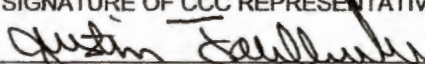
<b>CRP-1</b> (07-06-20)  <b>CONSERVATION RESERVE PROGRAM CONTRACT</b>	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation	<b>1. ST. &amp; CO. CODE &amp; ADMIN. LOCATION</b> 41 063	<b>2. SIGN-UP NUMBER</b> 56
	<b>3. CONTRACT NUMBER</b> 11047		<b>4. ACRES FOR ENROLLMENT</b> 10.00
<b>5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code)</b> WALLOWA COUNTY FARM SERVICE AGENCY 401 NE 1ST STREET SUITE E ENTERPRISE, OR 97828-1185		<b>6. TRACT NUMBER</b> 193	<b>7. CONTRACT PERIOD</b> FROM: (MM-DD-YYYY) 10-01-2021 TO: (MM-DD-YYYY) 09-30-2031
<b>5B. COUNTY FSA OFFICE PHONE NUMBER</b> (Include Area Code): (541) 426-4521		<b>8. SIGNUP TYPE:</b> General	

**THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (referred to as "the Participant".) The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges receipt of a copy of the Appendix/Appendices for the applicable contract period. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable.**

<b>9A. Rental Rate Per Acre</b> \$ 50.00	<b>10. Identification of CRP Land (See Page 2 for additional space)</b>				
<b>9B. Annual Contract Payment</b> \$ 500.00	<b>A. Tract No.</b> 193	<b>B. Field No.</b> 0023	<b>C. Practice No.</b> CP1	<b>D. Acres</b> 10.00	<b>E. Total Estimated Cost-Share</b> \$ 0.00
<b>9C. First Year Payment</b> \$					
(Item 9C is applicable only when the first year payment is prorated.)					

**11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)**

<b>A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)</b> CORNERSTONE FARMS JOINT VENTURE 64022 IMNAHA HWY JOSEPH, OR 97846-8148	<b>(2) SHARE</b> 100.00 %	<b>(3) SIGNATURE (By)</b> 	<b>(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY</b> Partner	<b>(5) DATE (MM-DD-YYYY)</b> 7/22/2021
<b>B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)</b> AUDRY MELVILLE 84887 HIGHWAY 82 ENTERPRISE, OR 97828-4044	<b>(2) SHARE</b> 0.00 %	<b>(3) SIGNATURE (By)</b> 	<b>(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY</b> Owner	<b>(5) DATE (MM-DD-YYYY)</b> 07/22/2021
<b>C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)</b> TIMOTHY J MELVILLE 84887 HIGHWAY 82 ENTERPRISE, OR 97828-4044	<b>(2) SHARE</b> 0.00 %	<b>(3) SIGNATURE (By)</b> 	<b>(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY</b> owner	<b>(5) DATE (MM-DD-YYYY)</b> 7/22/21

<b>12. CCC USE ONLY</b>	<b>A. SIGNATURE OF CCC REPRESENTATIVE</b> 	<b>B. DATE (MM-DD-YYYY)</b> 9-17-21
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**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (16 U.S.C. 3801 et seq.), the Agricultural Act of 2014 (16 U.S.C. 3831 et seq.), the Agricultural Improvement Act of 2018 (Pub. L. 115-334) and 7 CFR Part 1410. The information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program.

**Paperwork Reduction Act (PRA) Statement:** The information collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

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<b>CRP-1</b> (12-02-19)  <b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation  <b>CONSERVATION RESERVE PROGRAM CONTRACT</b>	1. ST. & CO. CODE & ADMIN. LOCATION 41 063	2. SIGN-UP NUMBER 54
	3. CONTRACT NUMBER 1102D TM	4. ACRES FOR ENROLLMENT 65.40
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) WALLOWA COUNTY FARM SERVICE AGENCY 401 NE 1ST STREET SUITE E ENTERPRISE, OR 97828-1185	6. TRACT NUMBER 193	7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10-01-2020 TO: (MM-DD-YYYY) 09-30-2030
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (541) 426-4521	8. SIGNUP TYPE: General	

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (referred to as "the Participant"). The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges receipt of a copy of the Appendix/Appendices for the applicable contract period. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; CRP-2; CRP-2C; or CRP-2G.

9A. Rental Rate Per Acre	\$ 49.00 TM	10. Identification of CRP Land (See Page 2 for additional space)				
9B. Annual Contract Payment	\$ 3,205.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment	\$	193	0003	CP1	33.20	\$ 0.00
(Item 9C is applicable only when the first year payment is prorated.)		193	0022	CP1	32.20	\$ 0.00

**11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)**

A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) CORNERSTONE FARMS JOINT VENTURE 64022 INNAHA HWY JOSEPH, OR 97846-8148	(2) SHARE 100.00 %	(3) SIGNATURE <i>Justin Kowalski</i>	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY V.P.	(5) DATE (MM-DD-YYYY) 2/14/20
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) AUDRY MELVILLE 84887 JOSEPH HWY ENTERPRISE, OR 97828-4044	(2) SHARE 0.00 %	(3) SIGNATURE (By) <i>Audry Melville</i>	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY Spouse	(5) DATE (MM-DD-YYYY) 2/14/20
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) TIMOTHY J MELVILLE 84887 JOSEPH HWY ENTERPRISE, OR 97828-4044	(2) SHARE 0.00 %	(3) SIGNATURE (By) <i>Timothy Melville</i>	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY) 2/14/20

12. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE <i>Justin Jacobson</i>	B. DATE (MM-DD-YYYY) 9-15-20
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NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (16 U.S.C. 3801 et seq.), the Agricultural Act of 2014 (16 U.S.C. 3831 et seq.), the Agricultural Improvement Act of 2018 (Pub. L. 115-334) and 7 CFR Part 1410. The information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program.

**Paperwork Reduction Act (PRA) Statement:** The information collection is exempted from PRA as specified in 7 U.S.C. 9091(2)(c)(B). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

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CRP-1 (12-02-19)  <b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation  <b>CONSERVATION RESERVE PROGRAM CONTRACT</b>	1. ST. & CO. CODE & ADMIN. LOCATION 41 063	2. SIGN-UP NUMBER 43
	3. CONTRACT NUMBER 10046E	4. ACRES FOR ENROLLMENT 16.35
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) WALLOWA COUNTY FARM SERVICE AGENCY 401 NE 1ST STREET SUITE E ENTERPRISE, OR97828-1185	6. TRACT NUMBER 2915	7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10-01-2012 TO: (MM-DD-YYYY) 09-30-2027
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (541) 426-4521	8. SIGNUP TYPE: General	

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (referred to as "the Participant"). The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges receipt of a copy of the Appendix/Appendices for the applicable contract period. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; CRP-2; CRP-2C; or CRP-2G.

9A. Rental Rate Per Acre	\$ 61.82	10. Identification of CRP Land (See Page 2 for additional space)				
9B. Annual Contract Payment	\$ 1,011.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment	\$	2915	1	CP25	3.69	\$ 0.00
(Item 9C is applicable only when the first year payment is prorated.)		2915	3	CP25	12.66	\$ 0.00

11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)					
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) CORNERSTONE FARMS JOINT VENTURE 64022 IMNAHA HWY JOSEPH, OR97846-8148	(2) SHARE 100.00 %	(3) SIGNATURE (By) <i>Tim Melville</i>	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY Partner	(5) DATE (MM-DD-YYYY) 9/12/2020	
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) AUDRY MELVILLE 84587 JOSEPH HWY ENTERPRISE, OR97828-4044	(2) SHARE 0.00 %	(3) SIGNATURE (By) <i>Audry Melville</i>	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY) 09-10-2020	
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) TIMOTHY J MELVILLE 84687 JOSEPH HWY ENTERPRISE, OR97828-4044	(2) SHARE 0.00 %	(3) SIGNATURE (By) <i>Tim Melville</i>	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY) 9/10/20	

12. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE <i>Justin Saubert</i>	B. DATE (MM-DD-YYYY) 9-15-20
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NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (16 U.S.C. 3801 et seq.), the Agricultural Act of 2014 (16 U.S.C. 3831 et seq.), the Agricultural Improvement Act of 2018 (Pub. L. 115-334) and 7 CFR Part 1410. The information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program.

Paperwork Reduction Act (PRA) Statement: The information collection is exempted from PRA as specified in 7 U.S.C. 9091(2)(c)(B). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

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# Application for Water Right Transfer

## Evidence of Use Affidavit



Oregon Water Resources Department  
 725 Summer Street NE, Suite A  
 Salem, Oregon 97301-1266  
 (503) 986-0900  
 www.wrd.state.or.us

Please print legibly or type. Be as specific as possible. Attach additional pages if you need more spacing. Supporting documentation must be attached.

State of Oregon )  
 ) ss  
 County of WALLOWA)

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I, KURT MELVILLE, in my capacity as FARM MANAGER,  
 mailing address 1302 SAGEWOOD ST, ENTERPRISE, OREGON, 97828

telephone number (541)398 0166, being first duly sworn depose and say:

1. My knowledge of the exercise or status of the water right is based on (check one):

- Personal observation                       Professional expertise

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2. I attest that:

Water was used during the previous five years on the **entire** place of use for Certificate # \_\_\_\_\_; **OR**

My knowledge is specific to the use of water at the following locations within the last five years:

Certificate #	Township		Range		Mer	Sec	¼ ¼		Gov't Lot or DLC	Acres (if applicable)
62259	2	S	45	E	W	6	SW	NW	5	7.2
62259	2	S	45	E	w	6	SE	NW	6	5.2

OR

- Confirming Certificate # \_\_\_\_\_ has been issued within the past five years; **OR**
- Part or all of the water right was leased instream at some time within the last five years. The instream lease number is: \_\_\_\_\_ (Note: If the entire right proposed for transfer was not leased, additional evidence of use is needed for the portion not leased instream.); **OR**
- The water right is not subject to forfeiture and documentation that a presumption of forfeiture for non-use would be rebutted under ORS 540.610(2) is attached.
- Water has been used at the actual current point of diversion or appropriation for more than 10 years for Certificate # \_\_\_\_\_ (For Historic POD/POA Transfers)

(continues on reverse side)

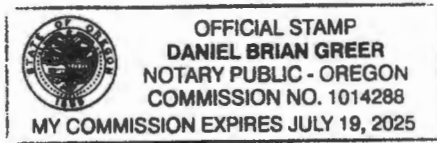
3. The water right was used for: (e.g., crops, pasture, etc.): PASTURE

4. I understand that if I do not attach one or more of the documents shown in the table below to support the above statements, my application will be considered incomplete.

Kurt Melville  
Signature of Affiant

3/16/2023  
Date

Signed and sworn to (or affirmed) before me this 16<sup>th</sup> day of March, 2023.



Daniel Greer  
Notary Public for Oregon

My Commission Expires: 7/19/25

Supporting Documents	Examples
<input type="checkbox"/> Copy of a water right certificate that has been issued within the last five years. (not a remaining right certificate)	Copy of <b>confirming</b> water right certificate that shows issue date
<input type="checkbox"/> Copies of receipts from sales of irrigated crops or for expenditures related to use of water	<ul style="list-style-type: none"> <li>● Power usage records for pumps associated with irrigation use</li> <li>● Fertilizer or seed bills related to irrigated crops</li> <li>● Farmers Co-op sales receipt</li> </ul>
<input type="checkbox"/> Records such as FSA crop reports, irrigation district records, NRCS farm management plan, or records of other water suppliers	<ul style="list-style-type: none"> <li>● District assessment records for water delivered</li> <li>● Crop reports submitted under a federal loan agreement</li> <li>● Beneficial use reports from district</li> <li>● IRS Farm Usage Deduction Report</li> <li>● Agricultural Stabilization Plan</li> <li>● CREP Report</li> </ul>
<input checked="" type="checkbox"/> Aerial photos containing sufficient detail to establish location and date of photograph	<p>Multiple photos can be submitted to resolve different areas of a water right. If the photograph does not print with a "date stamp" or without the source being identified, the date of the photograph and source should be added.</p> <p>Sources for aerial photos: OSU – <a href="http://www.oregonexplorer.info/imagery">www.oregonexplorer.info/imagery</a> OWRD – <a href="http://www.wrd.state.or.us">www.wrd.state.or.us</a> Google Earth – <a href="http://earth.google.com">earth.google.com</a> TerraServer – <a href="http://www.terraserver.com">www.terraserver.com</a></p>
<input type="checkbox"/> Approved Lease establishing beneficial use within the last 5 years	Copy of instream lease or lease number

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Google Earth

Imagery date: 7/30/16-newer

200 m

Camera: 2,425 m 45°25'02"N 117°14'44"W 1,252 m

Fall of 2021 or 2022



WARRANTY DEED

KNOW ALL MEN BY THESE PRESENTS, That EDWARD M. SNYDER and MARIE F. SNYDER, husband and wife hereinafter called the grantor, for the consideration hereinafter stated, to grantor paid by TIMOTHY J. MELVILLE and AUDRY J. MELVILLE, husband and wife, hereinafter called the grantee, does hereby grant, bargain, sell and convey unto the said grantee and grantee's heirs, successors and assigns, that certain real property, with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, situated in the County of Wallowa and State of Oregon, described as follows, to-wit:

TRACT I

The W1/2SE1/4; SW1/4 of Section 31, Township 1 South, Range 45 East of the Willamette Meridian, Wallowa County, Oregon.  
The W1/2 of Lot 2, Lot 3, Lot 4, Lot 5; SE1/4NW1/4; W1/2SW1/4NE1/4 of Section 6, Township 2 South, Range 45 East of the Willamette Meridian, Wallowa County, Oregon.

TRACT II

The E1/2SE1/4; E1/2W1/2SE1/4 of Section 31, Township 1 South, Range 45 East of the Willamette Meridian, Wallowa County, Oregon;  
Lot 1 and E1/2 of Lot 2, SE1/4NE1/4, E1/2SW1/4NE1/4 of Section 6, Township 2 South, Range 45 East of the Willamette Meridian, Wallowa County, Oregon.

IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE.  
To Have and to Hold the same unto the said grantee and grantee's heirs, successors and assigns forever.  
And said grantor hereby covenants to and with said grantee and grantee's heirs, successors and assigns, that grantor is lawfully seized in fee simple of the above granted premises, free from all encumbrances

and that grantor will warrant and forever defend the said premises and every part and parcel thereof against the lawful claims and demands of all persons whomsoever, except those claiming under the above described encumbrances. fulfillment

The true and actual consideration paid for this transfer, stated in terms of dollars, is \$ of contract.  
However, the actual consideration consists of or includes other property or value given or promised which is the whole part of the consideration (indicate which). (The sentence between the symbols @, if not applicable, should be deleted. See ORS 93.030.)  
In construing this deed and where the context so requires, the singular includes the plural and all grammatical changes shall be implied to make the provisions hereof apply equally to corporations and to individuals.

In Witness Whereof, the grantor has executed this instrument this 28 day of May, 1992; if a corporate grantor, it has caused its name to be signed and its seal affixed by an officer or other person duly authorized to do so by order of its board of directors.

THIS INSTRUMENT WILL NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY APPROVED USES.

Edward M. Snyder  
Marie F. Snyder

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STATE OF OREGON, County of Wallowa ) ss.  
This instrument was acknowledged before me on May 28, 1992,  
by Edward M. Snyder and Marie F. Snyder - -  
This instrument was acknowledged before me on \_\_\_\_\_, 19\_\_\_\_,  
by \_\_\_\_\_  
as \_\_\_\_\_



Notary Public for Oregon  
My commission expires 1/6/96

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Edward & Marie Snyder  
GRANTOR'S NAME AND ADDRESS  
Timothy J. and Audry J. Melville  
GRANTEE'S NAME AND ADDRESS  
After recording return to:  
Citizens Title & Escrow  
211 W. Main  
Enterprise, OR 97828  
NAME, ADDRESS, ZIP  
Until a change is requested all tax statements shall be sent to the following address:  
no change  
NAME, ADDRESS, ZIP

21376 STATE OF OREGON, ) ss.  
County of Wallowa  
I certify that the within instrument was received for record on the 18 day of June, 1992, at 3:15 o'clock P.M., and recorded in book/reel/volume No. \_\_\_\_\_ on page \_\_\_\_\_ or as fee/file/instrument/microfilm/reception No. 22292  
Record of Deeds of said county.  
Witness my hand and seal of County affixed.  
By \_\_\_\_\_ Deputy

COPY

080252

**STATUTORY WARRANTY DEED**

SCHOMP LLC, an Oregon limited liability company, Grantor, conveys and warrants to TIMOTHY J. MELVILLE and AUDRY J. MELVILLE, husband and wife, Grantees, the real property described in Exhibit A attached hereto, free of encumbrances, except as specifically set forth herein:

The true and actual consideration for this conveyance is Good and Valuable Consideration paid by a Qualified Intermediary pursuant to an IRC § 1031 Tax-Deferred Exchange.

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010. THIS INSTRUMENT DOES NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES, AS DEFINED IN ORS 30.930, AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

DATED this 3<sup>rd</sup> day of July, 2019.

SCHOMP LLC, an Oregon limited liability company

By Robert G. Stangel  
ROBERT G. STANGEL, Manager

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STATE OF OREGON            )  
  ) ss.  
County of Wallowa         )

Personally appeared before me this 3 day of July, 2019, the above-named ROBERT G. STANGEL, Manager of SCHOMP LLC, an Oregon limited liability company, and acknowledged the foregoing instrument to be his voluntary act and deed.

Jody Diane Riggs  
Notary Public for Oregon  
My commission expires: 5/11/2021

After recording, return to:  
Knapp Law Office, P.C.  
203 E Main St. Ste. 1  
Enterprise, OR 97828

OFFICIAL STAMP  
JODY DIANE RIGGS  
NOTARY PUBLIC-OREGON  
COMMISSION NO. 961858  
MY COMMISSION EXPIRES MAY 11, 2021

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WALLOWA TITLE COMPANY

TVM



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EXHIBIT A

A tract situated in the SE¼, Section 36, Township 1 South, Range 44 East of the Willamette Meridian, Wallowa County, Oregon, lying South and East of the following described line, with reference to Survey Number CS 2019-004, as filed in the office of the Wallowa County Surveyor, more particularly described as follows:

BEGINNING at a point from which the quarter corner common to Section 36, T1S, R44 EWM, and Section 31, T1S, R45 EWM bears North 2°38'37" East, a distance of 685.65 feet; thence North 88°16'06" West, a distance of 1670.81 feet; thence South 52°10'37" West, a distance of 1010.78 feet; thence South, a distance of 1160 feet, more or less, to the South line of said Section 36; thence Easterly, along said South line, a distance of 1445 feet, more or less, to a point 950 feet West of the Southeast corner of said Section 36; thence Northeasterly, a distance of 1700 feet, more or less, to the East line of said Section 36, said point which bears North 1450 feet from said Southeast corner; thence North 510 feet, more or less, to the point of beginning.

ALSO, any portion of the SE¼ of said Section 36, T1S, R44 EWM lying East of the following described line: BEGINNING at the quarter corner common to Section 36, Township 1 South, Range 44 East, and Section 31, Township 1 South, Range 45 East of the Willamette Meridian; thence South 2°38'37" West, along an existing fenceline, a distance of 685.65 feet, and being the terminus of said line.

EXCEPTING THEREFROM, any portion of the SW¼ of said Section 31, T1S, R45 EWM, lying West of the following described line: BEGINNING at the quarter corner common to Section 36, Township 1 South, Range 44 East, and Section 31, Township 1 South, Range 45 East of the Willamette Meridian; thence South 2°38'37" West, along an existing fenceline, a distance of 685.65 feet, being the terminus of said line.

SUBJECT TO the following deed restriction: Sheep grazing on the property is prohibited except with written permission of the owner of the real property retained by Grantor.

TOGETHER WITH an easement as described in Lot Line Adjustment Recorded as Microfiche No.

2019-80250 for ingress and egress, 30 ft. in width, situated in the Southeast quarter of Section 36, T1S, R44 EWM, 15 feet each side of a centerline more particularly described as follows: Beginning at a point on the East right of way line of Ant Flat Road (County Road Number 593), said point which bears South 72°23'35" West, a distance of 1913.68 feet from the East quarter corner of said Section 36, thence: South 59°09'51" East, a distance of 127.69 feet to the terminus of said easement.

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MAR 28 2023

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STATE OF OREGON }  
COUNTY OF WALLOWA }

I certify that this instrument was received and recorded in the book of records of said county.

*Sandy Hatcher*  
Wallowa County Clerk

by: \_\_\_\_\_ Deputy

DOC#: 00080252  
RCPT: 93326 89.0  
7/03/2019 12:08 PM  
REFUND: .0

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**STATUTORY BARGAIN AND SALE DEED**

TIMOTHY J. MELVILLE, AUDRY J. MELVILLE, KURT J. MELVILLE, HEATHER J. MELVILLE, KEVIN W. MELVILLE and KERRIE A. MELVILLE, Grantors, convey and release to ENTERPRISE CHRISTIAN CHURCH, an Oregon Domestic Nonprofit Corporation, Grantee, the following described real property:

Parcel 2 of Minor Partition Plat Number 09-62928, as filed in the plat records of Wallowa County, said tract being situated in Government Lots 9 and 10 of Section 1, Township 2 South, Range 44 East of the Willamette Meridian, Wallowa County, Oregon.

Reserving unto Grantors an easement sixty feet (60') in width along the South boundary of the above-described real property for purposes of Ingress and egress to Parcel 1 of Minor Partition Plat Number 09-62928.

The true and actual consideration for this conveyance is donation to a charitable organization.

Until a change is requested, all tax statements are to be sent to the following address: Enterprise Christian Church, 207 E. Main St., Enterprise, OR 97828.

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007. THIS INSTRUMENT DOES NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY THAT THE UNIT OF LAND BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES, AS DEFINED IN ORS 30.930, AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007.

DATED this 29 day of December, 2009.

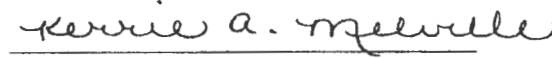
  
TIMOTHY J. MELVILLE

  
AUDRY J. MELVILLE

  
KURT J. MELVILLE

  
HEATHER J. MELVILLE

  
KEVIN W. MELVILLE

  
KERRIE A. MELVILLE

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MAR 28 2023

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FEB 14 2024

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APR 11 2023  
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STATE OF OREGON )  
 ) ss.  
County of Wallowa )

Personally appeared before me this 29<sup>th</sup> day of December, 2009, the above-named HEATHER J. MELVILLE and acknowledged the foregoing instrument to be her voluntary act and deed.



*Katie G. Boyd*  
Notary Public for Oregon  
My commission expires: 13 Jan 2011

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MAR 28 2023

STATE OF OREGON )  
 ) ss.  
County of Wallowa )

Personally appeared before me this 29 day of December, 2009, the above-named KEVIN W. MELVILLE and acknowledged the foregoing instrument to be his voluntary act and deed.

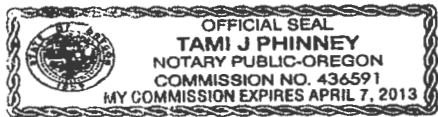


*Tami J. Phinney*  
Notary Public for Oregon  
My commission expires: 4-7-2013

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STATE OF OREGON )  
 ) ss.  
County of Wallowa )

Personally appeared before me this 29 day of December, 2009, the above-named KERRIE A. MELVILLE and acknowledged the foregoing instrument to be her voluntary act and deed.



*Tami J. Phinney*  
Notary Public for Oregon  
My commission expires: 4-7-2013

STATE OF OREGON }  
COUNTY OF WALLOWA }

I certify that this instrument was received and recorded in the book of records of said county.

**AFTER RECORDING,  
PLEASE RETURN TO:**  
Hostetter Knapp, LLP  
P.O. Box 400  
Enterprise, OR 97828

Wallowa County Clerk  
by *Chuney Melville* Deputy

DOC#: 00062965  
RCPT: 70333 45.00  
12/29/2009 4:27 PM  
REFUND: .00

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STATE OF OREGON )  
 ) ss.  
County of Willowa )

Personally appeared before me this 29<sup>th</sup> day of December, 2009, the above-named TIMOTHY J. MELVILLE and acknowledged the foregoing instrument to be his voluntary act and deed.



Katie Boyd  
Notary Public for Oregon  
My commission expires: 13 Jan 2011

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STATE OF OREGON )  
 ) ss.  
County of Willowa )

Personally appeared before me this 29<sup>th</sup> day of December, 2009, the above-named AUDRY J. MELVILLE and acknowledged the foregoing instrument to be her voluntary act and deed.



Katie Boyd  
Notary Public for Oregon  
My commission expires: 13 Jan 2011

STATE OF OREGON )  
 ) ss.  
County of Willowa )

Personally appeared before me this 29<sup>th</sup> day of December, 2009, the above-named KURT J. MELVILLE and acknowledged the foregoing instrument to be his voluntary act and deed.



Katie Boyd  
Notary Public for Oregon  
My commission expires: 13 Jan 2011

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