RECEIVED

REQUEST	OR ASSIGNIVIENT	VIR AS SAMP
I, (Name of Applicant / Permit / Transfer	WHATI JOKES	WATER RESOURCES DEPT SALEM, OREGON
(mailing address) (City)	PS OR KOSETURAL	2. 97470 hone #) (13-75)
CHECK ONE		391-613 199
∯hereby assign <u>all my interest</u> in ar	nd to application/permit/transfer;	
□hereby assign <u>all my interest</u> in ar (You must include a map showlng the assigned.)	nd to a <u>portion</u> of application/permit/tra ne portion of the application/permit to b	
□hereby assign <u>a portion of my integrite</u> transfer;		
Application #, Perm		7079
GR Statement #	<i>-OR-</i> , GR Certificate of Registration #	
as filed in the office of the Water Resou	urces Director, to:	, ,
(Name of New Owner) 4490 As Res Ref M	Oselen OR Pro	
(mailing address) (City)	(State) (Zip) (Pl	hone #)
If there are other owners of the property described in this Application, Permit, Transfer or Certificate of Ground Water Registration, you must provide a list of all other owners' names and mailing addresses and attach it to this form.		
I hereby certify that I have notified all of Application, Permit or Certificate of Reg		
Witness my hand this 27^{μ} day of		
Applicant/Permit he	older / NOU /8 / JONEY	<u> </u>
Applicant/Permit he	older Mean	
DO NOT WRITE IN THIS BOX	The completed "Request for Assignr must be submitted to the Departmen	
	with the appropriate recording fees:	it along
This certifies assignment and record change at Oregon Water Resources Department effective 8:00 a.m. on date of receipt at Salem, Oregon. Fee receipt # 23 277 For Director by Jerry Saurer Program Analyst in	 \$25 for the first page, and \$5 for each additional page. [as required by ORS 536.050(1)(d)] 	
Water Rights Division	WATER RESOURCES DEPARTME 725 SUMMER STREET NE, SUITE SALEM, OREGON 97301-1271	DECEMEN

AUG 03 2006
WATER RESOURCES DEPT SALEM, OREGON