

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

8:00 a.m. on date of receipt at Salem, Oregon.

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

Fee receipt # 139293

Request for Assignment

If the Department determines that the application is incomplete, fees have not been paid, or the required documents are not acceptable, the application and all fees submitted will be returned to the applicant.

If for multiple rights, a separate form and fee for each right will be required.

13600 Homedale Rd	Klamath Falls,	OR 97603		
(Mailing Address)		tate) (Zip)	(Phone #)	
	in and to the entire application/ and authorized under the right)		imited license/groundwate	er statement;
statement; (You must include	in and to a portion of application at map showing the portion of tit to be assigned. Example, sol	he application/permit/	transfer order/limited	
hereby assign a portion of my statement; (example, adding a	interest in and to the entire appar additional person)	plication/permit/transf	er order/limited license/gr	oundwater
Application #6-156	7 9 ; Permit # <u>G-15333</u>	_; Transfer Order # _	· · · · · · · · · · · · · · · · · · ·	
Limited License	#	; Groundw	vater Statement #	
as filed in the office of the Water Res	ources Director, to:			
Northwest Farm Credit Services, FLO	<u>CA</u>			RECEIVED
(Name of New Owner) 300 Klamath Ave, Ste 200, Klamath	Falls, OR 97601-6308			MAY 27 2022
(Mailing Address)	(City)	(State)	(Zip)	MICH 20 SOL
Balin Farm Trust (Name of New Owner)				OWRD
13600 HomedaleRd	Klamath Falls,	OR 97603		
(Mailing Address)	(City) (Si	tate) (Zip)	(Phone #)	
this form. Write the initials (f	nust provide a list of all other over irst letters) of your first and las otified all other owners of the	wners' names and mai t names at the spot ind property described in t	ling addresses and attach i licated below	t to
	Statement of this Reducst for			
order, limited license, or groundwate		256	4	~ 7 7 -
order, limited license, or groundwate		256	(Month)	20 Z Z
Witness my hand this	day of	916	(Month)	20 <u>Z</u> (Year)
Witness my hand this	day of			(Year)

The completed "Request for Assignment" form *must* be submitted to the Department along with the recording fee of \$120.

RECEIVED

OCT 1 0 2022

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