JAN 2 6 2006.

REQUEST FOR ASSIGNMENT

WATER RESOURCES DEPT

BY PROOF OF OWNERSHIP (IF PERMIT/TRANSFER HOLDER IS NOT AVAILABLEM, OREGON

Confederated Tribes of Sile	etz Indians of Oregon			
Name of Party Requesting	Assignment)			
P.O. Box 549	Siletz	OR	97380	541-996-5828
(Mailing address)	(City)	(State)	(Zip)	(Phone #)
CHECK ONE				
hereby request as	signment in and to application	/permit/tran	sfer;	
hereby request as	signment in and to a <u>portion</u> o	of applicatio	n/permit/transf	er;
(You must include	a map showing the portion of	the applicat	ion/permit/trans	sfer to be assigned.)
the land, a copy of a property held jointly;	oof of ownership that may incl a land sales contract, a court o ; lude \$5 for <u>each</u> additional p	rder or decr		
Application # <u>63832</u> , Permit # <u>47281</u>		, Transfer	, Transfer #	
GR Statement #	<i>-OR-</i> , GR Certifica	te of Regis	tration #	
Devils Lake Golf Club, Inc				
(Name of Permit/Transfer He	older of Record)			
P.O. Box 30	Lincoln City	OR	97367	
(Mailing address)	(City)	(State)	(Zlp)	(Phone #)
or Certific owners' i hereby certify that I ha	e other owners of the property ate of Ground Water Registrate names and mailing addresse ave notified all other owners of Registration of this request for	ion, you mu s and attac the property	ust provide a l ch it to this for y described in t	list of all other sm.
Witness my hand this _	13th day of Lanuary	, 20	<u>or</u> .	
Party Requesting	Assignment	Higs	ley C	Karmen
Party Requesting	Assignment		<i>-</i>	_
DO NOT WRITE II	N THIS BOX The	e completed	d "Request for A	Assignment" form

The completed "Request for Assignment" form must be submitted to the Department along with the appropriate recording fees:

- ♦ \$25 for the first page, and
- ◆ \$5 for <u>each</u> additional page. [as required by ORS 536.050(1)(d)]

WATER RESOURCES DEPARTMENT 725 SUMMER STREET NE, SUITE A SALEM, OREGON 97301-1271