REQUEST FOR ASSIGNMENT

| (Name of Applicant / Pe | ermit / Transfer Hold | er) | | | _ |
|---|--|--|---|--|----------|
| 5693 Chenowith Road | The Dalles | OR | 97058 | 541.296.6649 | |
| (mailing address) | (City) | (State) | (Zip) | (Phone #) | |
| CHECK ONE | | | | RECE | EIVE |
| ☑hereby assign <i>all my i</i> | interest in and to | application/p | oermit/trans | fer; FEB 2 | 1 2000 |
| □hereby assign <u>all my i</u> (You must include a ma assigned.) | interest in and to ap showing the po | a <u>portion</u> of ortion of the a | f application application/ _I | n/permit/ wansf ereso permit to be ^{SALEM} , | URCES |
| □hereby assign <u>a <i>portic</i></u> transfer; | on of my interes | <u>f</u> in and to th | e <u>e<i>ntire</i></u> ap _l | olication/permit/ | |
| Application # G-14042 | Permit # | G-12802 | Tro | nofor # T-8733 | |
| | , . • | O 12002 | , IIa | risier# <u>+ or oo</u> | <u> </u> |
| | 0 | R- | | | <u>.</u> |
| GR Statement # | , GR | R- Certificate | of Registra | | <u>-</u> |
| GR Statement # as filed in the office of the | , GR | R- Certificate | of Registra | | <u>-</u> |
| GR Statement # as filed in the office of the Oswald Ranches, LLC | , GR | R- Certificate | of Registra | | <u>-</u> |
| as filed in the office of the Oswald Ranches, LLC (Name of New Owner) | Water Resources | R-Certificate s Director, to | of Registra | ation # <u></u> | <u>-</u> |
| as filed in the office of the Oswald Ranches, LLC (Name of New Owner) P.O. Box 185 | Water Resources Mosier | R- Certificate | of Registra | 541.478.2100 | <u>-</u> |
| as filed in the office of the Oswald Ranches, LLC (Name of New Owner) P.O. Box 185 (mailing address) NOTE: If there are of Permit, Tran | Mosier (City) other owners of the sfer or Certificate set of all other owners of the set of all other owners of all other owners of the set of all other owners owners of all other owners own | OR (State) of Ground V | 97040 (Zip) escribed in Water Regis | 541.478.2100 (Phone #) | |
| as filed in the office of the Oswald Ranches, LLC (Name of New Owner) P.O. Box 185 (mailing address) NOTE: If there are of Permit, Tranprovide a list | Mosier (City) ther owners of the sfer or Certificate st of all other owthis form. | OR (State) of Ground Vaners' name | 97040 (Zip) escribed in a Vater Regists and mailing | 541.478.2100 (Phone #) this Application, tration, you must ing addresses and | ok Asun |

DO NOT WRITE IN THIS BOX

Applicant/Permit holder

This certifies assignment and record change at Oregon Water Resources Department effective 8:00a.m. on date of receipt at Salem, Oregon.

- Fee receipt # **7997**

- For Director by Jerry Sauth Propran Analyst i
Water Rights Division

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 OK ASULU