

RECEIVED

JAN 30 2008



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

WATER RESOURCES DEPT
SALEM, OREGON

Request for Assignment

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

I, Helen Cheyne, President, Shield Crest Inc.

(Name of Applicant / Permit / Transfer Holder)

PO Box 5047

Klamath Falls

OR

541-883-3191

(Mailing address)

(City) (State) (Zip)

(Phone #)

- checkbox ...hereby assign all my interest in and to application/permit/transfer;
checkbox ...hereby assign all my interest in and to a portion of application/permit/transfer;
checkbox ...hereby assign a portion of my interest in and to the entire application/permit/transfer;

Application # G-15151, Permit # G14019; Transfer #

-OR-

GR Statement #, GR Certificate of Registration #

as filed in the office of the Water Resources Director, to:

Shield Crest Water Company

(Name of New Owner)

c/o 2754 Westgate Drive

Klamath Falls

OR

97603

541-882-2496

(Mailing address)

(City)

(State)

(Zip)

(Phone #)

NOTE: 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 other owners of the property described in this Application, Permit or Certificate of Registration of this request for assignment.

Witness my hand this 23rd day of January, 2008.

Applicant/Permit holder Helen Cheyne

Applicant/Permit holder

O.K. ASSIGN
A.M.S. 1.31.2008

DO NOT WRITE IN THIS BOX

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 # 91346 For Director by Jerry Sauter, Program Analyst in Water Rights Division

The completed "Request for Assignment" form must be submitted to the Department along with a recording fee of \$50.