



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

Request for Assignment

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

I, BILL LITTLEFIELD
 (Name of Applicant / Permit / Transfer Holder)

P.O. BOX 1125, SHADY COVE OR
 (Mailing address) (City) (State) (Zip) (Phone #)

- ...hereby assign all my interest in and to application/permit/transfer;
- ...hereby assign all my interest in and to a portion of application/permit/transfer;
 (You must include a map showing the portion of the application/permit to be assigned.)
- ...hereby assign a portion of my interest in and to the entire application/permit/transfer;

Application # S-69592 Permit # S-51238 Transfer # _____
 -OR-

GR Statement # _____, GR Certificate of Registration # _____

RECEIVED

APR 28 2008

WATER RESOURCES DEPT
 SALEM OREGON

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

GARY J LEE
 (Name of New Owner)

3300 EDISON WY FREMONT CA 94538 510-813-5526
 (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 22 day of April 2008
 Applicant/Permit holder _____
 Applicant/Permit holder _____

D.K. ASSIGN 4/29/08

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 # 92281
 For Director by Jerry Sauter, Program Analyst in Water Rights Division Jerry Sauter

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