REQUEST FOR ASSIGNMENT

BY PROOF OF OWNERSHIP (IF PERMIT/TRANSFER HOLDER IS NOT AVAILABLE)

| Brian S. and Susan J. T | | | | |
|--|-------------------------------|---------------------------|--|---|
| (Name of Party Requesting Assig | nment) | | | |
| 55805 Hwy 74 | Heppner (Oits) | OR (Obsta) | 97836 | (541) 980-504 |
| (Mailing address) | (City) | (State) | (Zip) | (Phone #) |
| CHECK ONE | | | | |
| | ignment in and to app | lication/permit/ti | ransfer; | |
| ☐hereby request ass | ignment in and to a <u>pc</u> | o <i>rtion</i> of applica | ation/permit/tra | nsfer; |
| (You must include a n | nap showing the portion | of the application | /permit/transfer | to be assigned.) |
| | a land sales contract, | • | | o: a copy of the deed to mentation of survivorship |
| Application # | , Permit# | | , Transfe | er#_ T-8352 |
| | | -OR- | , | |
| GR Statement # | , GR C | Certificate of Re | egistration # _ | |
| TKO, LLC | | | | |
| Name of Permit/Transfer Holder | of Record) | | | |
| | • | | 4 | (7.44) 070 7000 |
| 58588 Balm Fork Mailing address) | Heppner (City) | OR (State) | 97836 (Zip) | (541) 676-5390 (Phone #) |
| | of this request for ass | dresses and at | tach it to this | form. |
| D. (D. () | R | <11 | , | |
| Party Requesting / | | rian S Thomps | | MAY 02 2008 |
| Party Requesting | | IIJI | nma | WATER RESOURCES D |
| | | usan J. Thom | | SALEM OREGON |
| DO NOT WRITE II | 1 THIS BOX | | | or Assignment" form |
| | | | | Department along with |
| | | the appropr | iate recording t | fees: |
| This certifies assignment an | | . ¢50 I | Dagardina Fa | _ |
| Oregon Water Resources De 8:00 a.m. on date of receipt | | | Recording Fed ad by ORS 536.05 | |
| Fee receipt #72337 | | [ao roquire | | (-/(~/) |
| For Director by Jerry Sauter Water Rights Division | Hogram Analyst in | | SOURCES DE | |
| Water Kights Division | n. peux | 725 SUMMI | ER STREET N | E, SUITE A |

725 SUMMER STREET NE, SUITE A

SALEM, OREGON 97301-1271