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JUN 19 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, Phillip and Paige Kochan

(Name of Applicant / Permit / Transfer Holder)

34860 Rice Road Hereford OR 97837 541-446-3286 (3280)
(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-16648, Permit # ; Transfer #

-OR-

GR Statement # , GR Certificate of Registration #

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

Susan Lee McDougal

(Name of New Owner)

64682 Cook Ave. #45 Bend OR 97701 541-480-7622
(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 17 day of June, 2008.

Applicant/Permit holder Phillip J. Kochan

Applicant/Permit holder Paige M. Kochan

Copy: ASG 6/19/08
6002-21-9
6/19/2008

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 # 92941 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.