Application No. G17013

Permit No. _____

Certificate No. _____

G-17013
MARK OWENS
CELESTE OWENS
PO BOX 746
CRANE OR 97732

2-28-2008

WM# _____

FEES PAID

Date	Amount	Receipt No.
2/29/08	800.00	911607
	Cert. Fee	

Date

DENIED _____

MISFILED _____

WITHDRAWN _____

CANCELLED _____

Volume	Page

FEES REFUNDED

Date	Amount	Receipt No.

ED FILES

OPMENT Date

pletion _____

ided to _____

Proof received _____

osed Cert. Mailed _____

ASSIGNMENTS

Date	To Whom	Address

REMARKS _____

MAP LOCATION _____

Rev. 04/03

3-7-2008

SMEAD 63 HSP00