R-87256 JOEL BASKIN PO BOX 466 WOLF CREEK OR 97497		Application No. Permit No. Certificate No.			FEES PAID  Date  8/14/D	Amount 100	Receipt No.
8-14-Zaa Jose ED FILES	8	DENIED MISFILED WITHDRAWN CANCELLED		Volume Page	FEES REFUNI	Cert. Fee  DED  Amount	Receipt No.
DPMENT Da etion	te	SSIGNMENTS  Date	To Whom			Address	
Proof received							
					OCATION		

Rev. 04/03