

G-17099
HIGHLAND MEADOW NURSERY INC
DAN STALEY
10377 SOUTH TOLIVER RD
MOLALLA OR 97038

Application No. G17099
Permit No. _____
Certificate No. _____

FEES PAID

Date	Amount	Receipt No.
9/10/08	700.00	94654
	Cert. Fee	

DENIED _____

MISFILED _____

Volume | Page

WITHDRAWN _____

CANCELLED _____

FEES REFUNDED

Date	Amount	Receipt No.

WM# _____

ED FILES

ASSIGNMENTS

Date

To Whom

Address

OPMENT

Date

pletion _____

ded to _____

Proof received _____

used Cert. Mailed _____

REMARKS _____

MAP LOCATION _____