

G-17124
 BURT SWINGLE
 REBA SWINGLE
 PO BOX 589
 LAKEVIEW OR 97630

Application No. G17124
 Permit No. _____
 Certificate No. _____

FEES PAID		
Date	Amount	Receipt No.
10/17/98	1000.00	94596

10-17-2008
 LAKE WM# _____

Date _____
 DENIED _____
 MISFILED _____
 WITHDRAWN _____
 CANCELLED _____

Volume	Page

FEES REFUNDED		
Date	Amount	Receipt No.

ED FILES

ASSIGNMENTS

Date	To Whom	Address

OPMENT _____
 Date _____
 letion _____
 ded to _____

 Proof received _____
 sed Cert. Mailed _____

REMARKS _____

MAP LOCATION _____