REQUEST FOR ASSIGNMENT

Bio-Oregon, Inc.					<u> </u>
(Name of Ap	plicant / Permi	t / Transfer Holde	er)	,	
PO Box 429		Warrenton	OR	97146	503-861-2256
(mailing address)		(City)	(State)	(Zip)	(Phone #)
CHECK ONE					
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Application # 73238				, Transfer #	
GR Statement #		-0.		of Posietro	tion #
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PO Box 429		Warrenton	OR	97146	503-861-2256
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pro	•	of all other ow		•	ration, you must n g addresses and
I hereby certify th Application, Perm		(
Witness my hand	this 19th	day of JUN	IE	, 20_06	
	Applican	t/Permit holder	Run	apnet	SER/TR
	Applican	t/Permit holder	ſ <u></u>		•
	IN THE			"Dogwood fo	

DO NOT WRITE IN THIS BOX

This certifies assignment and record change at Oregon Water Resources Department effective 8:00a.m. on date of receipt at Salem, Oregon.

Fee receipt # 2266

For Director by Jerry Santar, Program Analyst in Water Rights Division

The completed "Request for Assignment" form must be submitted to the Department along with the appropriate recording fees:

- \$25 for the first page, and
- ◆ \$5 for <u>each</u> additional page. [as required by ORS 536.050(1)(d)]

WATER RESOURCES DEPARTMENT 725 SUMMER STREET NE, SUITE A SALEM, OREGON 97301-1271 RECEIVED

JUN 2 1 2006

WATER RESOURCES DEPT SALEM, OREGON