**REQUEST FOR ASSIGNMENT** 

BY PROOF OF OWNERSHIP (IF PERMIT/TRANSFER HOLDER IS NOT AVAILABLE)	
HOMAS BRUCE STUBBLEF	IELD & SUSAN M. STUBBLEFIELD
(Name of Party Requesting Assignment)	<b>1</b>
(Mailing address) (City)	(State) 974/0 54/-479-7805 (Phone #)
CHECK ONE	RECEIVED
	JUN 1 2 2006
in leteby request assignment in and to application/permittransier,	
	o a <u>portion</u> of application/permit transfer; WATER RESOURCES DEPT SALEM, OREGON
(You must include a map showing th	ne portion of the application/permit/transfer to be assigned.)
Application #, Per	rmit #, Transfer #_ <i>94</i> 76
CD Statement #	-OR-
8	GR Certificate of Registration #
(Name of Permit/Transfer Holder of Record)	
`	SHAND OR 97520 541 488 8727
(Mailing address) (City)	(State) (Zip) (Phone #)
If there are other owners of the property described in this Application, Permit, Transfer, or Certificate of Ground Water Registration, you must provide a list of all other owners' names and mailing addresses and attach it to this form.	
I hereby certify that I have notified all other owners of the property described in this Application, Permit or Certificate of Registration of this request for assignment.	
Witness my hand this 97H day of June 20 0fg 11 1	
Party Requesting Assignment / //////////////////////////////////	
Party Requesting Assignment	usan M. Stubblefeeld
DO NOT WRITE IN THIS BOX	The completed "Request for Assignment" form
	must be submitted to the Department along with the appropriate recording fees:
This was different and the second sec	the appropriate recording fees.
- This certifies assignment and record change at Oregon Water Resources Department effective	♦ \$25 for the first page, and
8:00a.m. on date of receipt at Salem, Oregon Fee receipt # <b>82045</b>	♦ \$5 for <u>each</u> additional page.
- For Director by Jerry Say 7, Program Analyst in	[as required by ORS 536.050(1)(d)]
Water Rights Division	WATER RESOURCES DEPARTMENT
	725 SUMMER STREET NE, SUITE A SALEM, OREGON 97301-1271
<u> </u>	II JALLIN, OKLOOK 9/301-12/1