

REQUEST FOR ASSIGNMENT

I, (permit holder, applicant) Judy K. Anderson (Wade)
P.O. Box 24 Mitchell OR 97750 541-462-3311
 (mailing address) (city) (state) (zip) (phone)

33615 Gage Rd. Mitchell, OR 97750

CHECK ONE

☒ - hereby assign all my interest in and to application/permit;

[] - hereby assign all my interest in and to a portion of application/permit
 (include a map showing portion of application assigned);

[] - hereby assign a portion of my interest in and to the entire
 application/permit;

Application # 64834, Permit # 47549;

OR GR Statement # _____, GR Certificate of Registration # _____ as
 filed in the office of the Water Resources Director, TO:

Ronald Q. + Donna S. Davis 541-462-0804
 (name of new owner) (phone #)

P.O. Box 214 Mitchell OR 97750
 (address) (city) (state) (zip)

(Note: If there are other owners of the property described in this Application,
 Permit of Certificate of Groundwater Registration you must attach a list of their
 names and addresses 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 9th day of May, 2006

applicant/permit holder Judy K. Anderson (Wade)

applicant/permit holder _____

PLEASE 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 # 81993
 - For Director by Jerry Santos, Program Analyst in
 Water Rights Division Jerry Santos

The completed assignment
 must be submitted to the
 Water Resources
 Department together
 with a recording fee of
 \$25. Additional pages
 will cost \$5 per page.

WATER RESOURCES DEPARTMENT
 158 12TH STREET NE
 SALEM, OREGON 97310-0210

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RECEIVED

JUN 09 2006

WATER RESOURCES DEPT
 SALEM, OREGON