REQUEST FOR ASSIGNMENT

(Name of Applicant / Pe	_	,		
245 NW QUINNL	REEK BEN	Ø OR	97701	541-383-145
(mailing address)	(City)	(State)	(Zip)	(Phone #)
CHECK ONE				
hereby assign <u>a<i>ll my ir</i></u>	nterest in and to	application/p	ermit/transfe	r;
☐hereby assign <u>all my ir</u> (You must include a ma assigned.)				•
]hereby assign <u>a <i>portio</i></u> transfer;	n of my interes	t in and to the	e <u>entire</u> appli	cation/permit/
Application # <u>6-/28</u> 4	<u>3</u> , Permit #	13000	, Trans	sfer #
GR Statement #	<i>-</i> GF, GF	0 <i>R-</i> R Certificate	of Registrati	on #
as filed in the office of the \				
(Name of New Owner)				()
163 SpeAque Rivel I (mailing address)	Hurry Chilog	(State)	97639	541-533-0990
, ,				, ,
	ther owners of th sfer or Certificate			• •
	t of all other ow			g addresses and
hereby certify that I have Application, Permit or Certi				
Witness my hand this 3λ	day of	Speil .	, 20 <u>06</u>	
	ant/Permit holde		0114	in
		01		
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- This certifies assignment and record change at Oregon Water Resources Department effective 8:00a.m. on date of receipt at Salem, Oregon.
- Fee receipt # 80769

Program Analyst in - For Director by Jerry Sauer, Program Water Rights Division

must be submitted to the Department along with the appropriate recording fees:

♦ \$25 for the first page, and

♦ \$5 for each additional page. [as required by ORS 536.050(1)(d)]

RECEIVED

APR 2 1 2006

WATER RESOURCES DEPT SALEM, OREGON

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