

Application No. 87367
Permit No. _____
Certificate No. _____

FEEES PAID

Date	Amount	Receipt No.
<u>12-22-08</u>	<u>1100.00</u>	<u>95218</u>

Name S-87367
By Laughlin Orchards, Inc.
Address Robert Laughlin
PO Box 399
Carlton, OR 97111

Date _____

DENIED _____
MISFILED _____
WITHDRAWN _____
CANCELLED _____

Volume	Page

FEEES REFUNDED

Date	Amount	Receipt No.

Priority 12-22-2008
County TAMH WM# 16

RELATED FILES

ASSIGNMENTS

Date	To Whom	Address

DEVELOPMENT _____ Date _____
Completion _____
Extended to _____
Final Proof received _____
Proposed Cert. Mailed _____

REMARKS _____

MAP LOCATION _____