Name _ By _ Address 	R-87376 Dave OBrist PO Box 2560 Clackamas, OR 97015	Application No. Permit No. Certificate No.			-	ES PAID      Date	Amount 26000	Receipt No. 95364
		DENIED	Date	-			Cert. Fee	
	1-15-2009 CLACK WM# 20	MISFILED WITHDRAWN CANCELLED		Volume 1 ag	<u> </u>	ES REFUND Date	Amount	Receipt No.
RELATE	D FILES	_						
		ASSIGNMENTS Date	To Whom				Address	
	PMENT Date							
_	etioned to							
	roof received							
Proposed Cert. Mailed				REN	MARKS _	_		
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				MA	P LOCAT	TION		Rev. 04/03