

R-87399
RANCE KASTOR
21202 SE PINE CREEK RD
POST OR 97752

Application No. R 87399 ALT FEES PAID

Permit No. _____
Certificate No. _____

Date	Amount	Receipt No.
2/25/09	180.00	95727

Date

DENIED _____

MISFILED _____

WITHDRAWN _____

CANCELLED _____

Volume | Page

FEES REFUNDED

Date	Amount	Receipt No.

2-25-2009
CRADIK WM# 11

ED FILES
87398
87400
87401

ASSIGNMENTS

Date	To Whom	Address

OPMENT _____
Date _____
letion _____
ded to _____
Proof received _____
sed Cert. Mailed _____

REMARKS _____

MAP LOCATION _____

2-26-2009