

JAN 2 1 1998

REQUEST FOR ASSIGNMENT

WATER RESOURCES DEFT. SALEM, OREGON

I, (permit holder, applicant)	<u>Dennis R. Washington</u>			
PO Box 8182	Missoula	Montana	59807	(406) 523-1300
(mailing address)	(city)	(state)	(zip)	(phone)
CHECK ONE				
⊠ - hereby assign <u>all my inte</u>	erest in and to applicati	on/permit;		
☐ - hereby assign <u>all my integration</u> of application assigne		of application/pe	rmit (include	a map showing
☐ - hereby assign <u>a portion</u>	of my interest in and to	the entire applica	ation/permit;	
Application # S 55877, OR GR Statement # as filed in the office of the W	, GR Certific	_	on #	
Young Life, Attn: Mr. Paul S	herrill, Director of Risk	Management		
	(name of n	_		
PO Box 520	Colorado Springs	co co	80901	(719) 381-1960
(mailing address)	(city)	(state)	(zip)	(phone)
(Note: If there are other own Groundwater Registration you I hereby certify that I have not Permit or Certificate of Registration Witness my hand this	ou must: attach a list of output of the output of the output of this request for the output of the o	their names and of the property de or assignment.	addresses to escribed in thi , 19 <u><i>97</i>.</u>	o this form.)
Applicant/perr	0./	W. H	Prairie	Per
Арріісанирен		Attorney -	In Fact	<u> </u>
DO NOT WRITE IN THIS BO)X			
	to wi pa W. 15	ne completed assi the Water Resou th a recording fee ges will cost \$5.0 ATER RESOURC 8 12TH STREET ALEM, OREGON	rces Departm of \$25.00. A 0 per page. ES DEPART NE	nent together Additional



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REQUEST FOR ASSIGNMENT WATER RESOURCES DEPT. SALEM, OREGON

I, (permit holder, applicant)	Inland Properties, Inc.			
PO Box 8182	Missoula	Montana	59807	(406) 523-1300
(mailing address)	(city)	(state)	(zip)	(phone)
CHECK ONE				
□ - hereby assign <u>all my integral</u>	rest in and to applicati	on/permit;		
☐ - hereby assign <u>all my inte</u> portion of application assigne		of application/pe	rmit (include	a map showing
☐ - hereby assign <u>a portion o</u>				
Application # S 7259 1, \$58 <u>OR</u> GR Statement # as filed in the office of the Wa	, GR Certific	cate of Registration	/2 ⁾ ^ on#	
Young Life, Attn: Mr. Paul Sl	nerrill, Director of Risk	Management		
	(name of no			
PO Box 520	Colorado Springs	СО	80901	(719) 381-1960
(mailing address)	(city)	(state)	(zip)	(phone)
Groundwater Registration you I hereby certify that I have no Permit or Certificate of Regis Witness my hand this	tified all other owners of tration of this request for the day of	of the property de or assignment.		,
DO NOT WRITE IN THIS BO				
received by me on the	within was day of o'clock S 15	e completed assigned the Water Resourch a recording fee ges will cost \$5.00 ATER RESOURCES 12TH STREET LEM, OREGON	rces Departm of \$25.00. A 0 per page. ES DEPART NE	nent together Additional
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