REQUEST FOR ASSIGNMENT

(Name of Applicant / Permit Transfer Holde	r)	_		
18407 NE 21st	Redmand	DR WA	98052	(425) 644- 756 (Phone #)
(Mailing address)	(City)	(State)	(Zip)	(Phone #)
CHECK ONE				
hereby assign all my intere	st in and to appli	cation/permit/tra	ansfer;	
hereby assign all my intere	st in and to a po	<i>rtion</i> of applica	tion/permit/trar	nsfer;
(You must include a map show				
hereby assign <u>a portion of</u>	<i>my interest</i> in a	nd to the entire	application/pe	mit/transfer;
Application # (5 - 1593.2	Permit # (- 1 558ia	Tranefor#	
Application # 6 - 15972		•••		
GR Statement #	, GR Cert	ificate of Regis	stration #	
as filed in the office of the Water F	Resources Direct	or, to:		
(Name of New Owner)	FLETCHER	_		
3304 BICAMPTON WAS	ROILF	UD OME	8370G	(208) 424-33.6
(Mailing address)	(City)	(State)	(Zip)	(208) 424-33 (Phone #)
NOTE: If there are other ow Transfer, or Certifica other owners' name	ate of Ground Wa	nter Registration	, you must pi	rovide a list of all is form.
I hereby certify that I have notified Certificate of Registration of this re	l all owners of the equest for assign	e property descr ment.	ibed in this Ap	plication, Permit en
Witness my hand this	day of Jan	yary	,2	007.
Applicant/Permit holder	The sac	meis -		2
		7		3.
Applicant/Permit holder				
DO NOT WRITE IN THIS BOX	(Assignment" form
		the appropriate		artment along with
- This certifies assignment and record change at	: 1 1		0 5 4	
Oregon Water Resources Department effective 8:00a.m. on date of receipt at Salem, Oregon.	1		the first page, <u>ach</u> additiona	
- Fee receipt # 86036 - For Director by Jerry Santer Program Toalyst Water Rights Division	in		y ORS 536.050(1	
Water Rights Division	11	WATER RESO 725 SUMMER	STREET NE,	SUITERECEIVED
		SALEM, OREG	ON 9/301-12	71 JAN 2 9 2007

WATER RESOURCES DEPT SALEM, OREGON Andre or Kathy Meyer P.O. Box 459 57736 Hwy. 74 Lexington, OR 97839

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RECEIVED

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