S-86905
KATHLEEN HOFFMAN
2717 NW STARVIEW
BEND OR 97701

WM# _____

Application No. 86905
Permit No. _____
Certificate No. _____

Date

DENIED _____
MISFILED _____
WITHDRAWN _____ Volume _____ Page _____
CANCELLED _____

FEES PAID

Date	Amount	Receipt No.
6-22-07	750.00	88263
	Cert. Fee	

FEES REFUNDED

Date	Amount	Receipt No.

CD FILES

DPMENT Date

etion _____
ed to _____

Proof received _____
ed Cert. Mailed _____

ASSIGNMENTS

Date	To Whom	Address

REMARKS _____

MAP LOCATION _____

Rev. 04/03

6-26-2007