

Name Cascade Academy of Central Oregon
 By Mark Stamler (School & Land Trustee)
 Address 2150 NE Studio Rd, Ste 2
Bend, OR 97701

Application No. G17341
 Permit No. _____
 Certificate No. _____

FEES PAID		
Date	Amount	Receipt No.
4-5-10	\$1900 ⁰⁰	99605
	Cert. Fee	

Priority ARR 05 2010
 County DESC WM# 11

Date _____
DENIED _____
MISFILED _____
WITHDRAWN _____
CANCELLED _____

Volume	Page

FEES REFUNDED		
Date	Amount	Receipt No.

RELATED FILES

ASSIGNMENTS

DEVELOPMENT Date _____
 Completion _____
 Extended to _____

 Final Proof received _____
 Proposed Cert. Mailed _____

Date	To Whom	Address

REMARKS _____

MAP LOCATION _____