

## Request for Assignment

| f for mu | ltiple rights,                | a separa  | ate form and fee for  | each right will         | be requir     | ed.           |                  |                |        |
|----------|-------------------------------|-----------|---|-------------------------|---------------|---------------|------------------|----------------|--------|
| , F      | PETER                         | =         | COLLEEN<br>mit/Transfer Hole  | HANSE                   | 4             |               |                  |                |        |
| (Nan     | ne of Applica                 | int / Per | mit / Transfer Hold   | der/License Ho          | older/GR (    | Certificate o | of Registration  | )              |        |
| 3        | 36420                         | NE U      | UILSONYILLE   | RD, NEWB                | ERG OR        | 97132         | 5033             | 49.6655        |        |
| (Mai     | ling Address                  | )         |   | (City)                  | (State)       | (Zip)         | (Phone #)        |                |        |
|          | hereby assig<br>Registration  |           | interest in and to  | application/perm        | nit/transfe   | er/license/G  | R Certificate o  | <b>.</b> .     |        |
|          | of Registrati                 | on; (Yo   | <u>interest</u> in and to<br>u must include a m<br>ransfer/license/GR | ap showing the          | portion of    | the           |                  | Certificate    |        |
|          | hereby assig<br>Certificate o |           | tion of my interest i<br>ration:                                      | n and to the <u>ent</u> | ire applic    | ation/permi   | t/transfer/licen | se/GR          |        |
| pplicati | on#_ <b>_5</b>                | 706       | 34_; Permit #_  | 5-5172                  | <b>5</b> _; T | ransfer #_    | T-659            | 1              |        |
|          |                               |           | Statement #   |                         |               |               |                  |                |        |
|          | •                             |           | ater Resources Di   |                         |               |               |                  |                |        |
|          |                               |           | DSNESS S  | •                       |               |               |                  |                |        |
|          | ne of New O                   |           |   |                         |               |               |                  |                |        |
| 36       | 450 NE                        | WILS      | OHVILLE RD.   | NEWBER                  | G OR          | 9713          | 32 503           | 625.7606       | ,      |
| (Mail    | ling Address,                 | )         | •   | (City)                  | (State)       | (Zip)         | (Phone #)        |                |        |
| (        | GR Certificat                 | te of Re  | ers of the property<br>gistration, you mus<br>it to this form.        |                         |               |               |                  |                | _      |
|          |                               |           | e notified all other, or GR Certificate                               |                         |               |               |                  | n,             | -      |
| Witness  |                               |           | 1976 day o  | ~                       | <del>-</del>  | , 20(         | <u></u>          | -              | 2000 V |
|          | A                             | pplicant  | /Permit Holder  |                         |               | 110           |                  |                | ₹      |
|          |                               |           | /Permit Holder  | .; // /                 | 2             | 7,6           | محر              | And the second |        |
|          |                               |           |   |                         |               |               |                  | RECEI          | V      |

## DO NOT WRITE IN THIS BOX

- This certifies assignment and record change at Oregon Water Resources Department effective 8:00a.m. on date of receipt at Salem Oregon.

- Fee receipt # (O) (39)

- For Director by Jerry Sauton Program Analyst

Water Rights Division

The completed "Request for Assignment" form must be submitted to the Department along with the recording fee of \$75.

JUN 0 2 2010

WATER RESOURCES DEPT SALEM OREGON