

/10

D O DEPT

G-17397
CARLAND FAMILY TRUST
PO BOX 64
MIDLAND OR 97634

Application No. G17397

Permit No. _____

Certificate No. _____

FEES PAID

Date	Amount	Receipt No.
6-4-10	\$2250 ⁰⁰	100155
	Cert. Fee	

Date

DENIED _____

MISFILED _____

Volume Page

WITHDRAWN _____

CANCELLED _____

FEES REFUNDED

Date	Amount	Receipt No.

JUNE 4 2010
KLAM WM# 17

ED FILES

ASSIGNMENTS

Date	To Whom	Address

OPMENT Date
letion _____
ded to _____
Proof received _____
sed Cert. Mailed _____

REMARKS _____

MAP LOCATION _____