

Request for **Assignment**

RECEIVED

SEP 0-1, 2011

McKibben Family Limited Partnership (Name of Applicant / Permit / Transfe		dor/GR	Certificate	of Registration)	<u>SALEM, OREGON</u>
•			-		. .
(Mailing Address)	Walla Walla (City)	(State)	99362	(509) 525-750 (Phone #)	<u> </u>
(Mailing Address)	(Cuy)	(State)	(Lip)	(F none #)	
hereby assign <i>all my interest</i> in a Registration;	and to application/permi	it/transfe	er/license/G	R Certificate of	
hereby assign <u>all my interest</u> in a of Registration; (You must incluapplication/permit/transfer/licen	de a map showing the p	ortion o	f the		tificate
hereby assign <u>a portion of my in</u> Certificate of Registration:	terest in and to the entir	<u>e</u> applic	ation/permi	t/transfer/license/0	GR
pplication #_G-13758; Perr	nit # G-12599	; Τ	ransfer#	N/A	
	-OR-				_
cense #_N/A; GR Statement #	N/A; GF	R Certifi	cate of Reg	istration #_N/A	
cense #_N/A; GR Statement #	N/A; GF	R Certifi	cate of Reg	istration #_N/A	
cense # N/A ; GR Statement # s filed in the office of the Water Resour	N/A ; GF	R Certifi	cate of Reg	istration #_N/A	
cense # N/A ; GR Statement # s filed in the office of the Water Resourcemiere Partners IV Limited Partnersh	N/A ; GF	R Certifi	cate of Reg	istration #_N/A	
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filed in the office of the Water Resourcemiere Partners IV Limited Partnersh (Name of New Owner) O. Box 3009	N/A; GF ces Director, to: ip Champaign	R Certifi	cate of Reg 61826-3009	559.435.1730	
s filed in the office of the Water Resourcemiere Partners IV Limited Partnersh (Name of New Owner)	N/A; GF	R Certifi	cate of Reg 61826-3009	istration #_N/A	
s filed in the office of the Water Resourcemiere Partners IV Limited Partnersh (Name of New Owner) O. Box 3009 (Mailing Address) Note: If there are other owners of the programmer of Registration, year addresses and attach it to this for I hereby certify that I have notified all	Champaign (City) coperty described in the ou must provide a list of the owners of the provide and the provide a list of the owners of the provide and the pro	IL (State) Applica all other	61826-3009 (Zip) tion, Permiter owners' n	559.435.1730 (Phone #) Transfer, License ames and mailing this Application,	
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- This certifies assignment and record change at

Oregon Water Resources Department effective

8:00a.m. on date of receipt at Salem, Oregon.
- Fee receipt # 10.3785

- For Director by Jerry Saver/Program Water Rights Division form must be submitted to the Department

along with the recording fee of \$75.