

## **Request for** Assignment

| If for multiple right            | s, a separate form a                    | nd fee for each right                                 | will be required.                        |  |             |
|----------------------------------|---|---|--|--|-------------|
| I, Lucker<br>(Name of A)         | Marke                                   | νιλ   |  |  | _           |
|                                  |   |   |  |  |             |
| 10801 SW                         | Riverside Dr                            | Portland OR   | 97219                                    | 503 7501122<br>(Phone #)                                   | _           |
| (Mailing adaress                 | ,                                       | (City) (State)  | (ZIP)                                    | (Pnone #)  |             |
| hereby assign                    | n <i>all my interest</i> in a           | and to application/pe                                 | ermit/transfer;                          |  |             |
|                                  | -                                       | and to a <u>portion</u> of a<br>ng the portion of the |  |  |             |
| ☐hereby assign                   | a portion of my int                     | erest in and to the en                                | ntire application/p                      | permit/transfer;   |             |
| Application #                    | , Pe                                    | ermit #   | ; Transfer                               | # <u>T-10653</u>   | _           |
| GR Statement #                   | , G                                     | R Certificate of Reg                                  | istration#                               |  | _           |
| as filed in the office           |   | •   |  |  |             |
| River Steppe<br>(Name of New Own | er) Prineville                          | LLC, an Or  | egon lim.te                              | a liability compa  | uny         |
| 471 High                         | St. SE, Su:                             | te #10 DI   | Salem.                                   | Or 97301 (503)3<br>(Phone #)                               | 399-1090    |
| (Mailing address)                | ,                                       | (City) (St  | ate) (Zip)                               | (Phone #)  |             |
| NOTE: If the                     | ere are other owner ificate of Ground W | s of the property des                                 | scribed in this Ap<br>ou must provide of | plication, Permit, Transfer of a list of all other owners' |             |
|                                  |   | other owners of the puest for assignment.             |  | d in this Application, Permit                              | 1774.       |
| Witness my hand th               |   | of March  |  |  | N5)         |
|                                  | Applicant/Perm                          | it holder Tuth  | Mylin                                    | <u>/</u>   | K. ASS/GN   |
|                                  | Applicant/Perm                          | it holder   | 0  | )  | - 80<br>- X |
| DO NOT W                         | RITE IN THIS BO                         | X   |  | 1 444 10 10 10 10 10                                       |             |

This certifies assignment and record change at Oregon Water Resources Department effective 8:00 a.m. on date of receipt at Salem Oregon. Fee receipt # 16013

For Director by Jerry Saute

Water Rights Division

The completed "Request for Assignment" form must be submitted to the Department along with a recording fee of \$50.

RECEIVED

Last updated: June 1, 2007

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APR 0 3 2009

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