

Certificate No. _____

FEE\$ PAID

Date	Amount	Receipt No.
11-28-11	\$1500 ⁰⁰	104550
	Cert. Fee	

FEES REFUNDED

Date	Amount	Receipt No.

Name _____
By _____
Address _____

Todd Arnoldus
990 Crescent Rd
Imbler, OR 97841

Priority 11-28-2011

County UNION WM# 6

RELATED FILES

DEVELOPMENT

Date _____

Completion _____

Extended to _____

Final Proof received _____

Proposed Cert. Mailed _____

ASSIGNMENTS

[illegible]

REMARKS _____

MAP LOCATION