

## Request for **Assignment**

If for multiple rights, a separate form and fee for each right will be required.

		C4			
P. O. Box 3989	Napa	CA		4558	707-224-6565
(Mailing address)	(City)	(State)	(Zip)		(Phone #)
hereby assign all my inte	rest in and to app	olication/pe	ermit/tra	ansfer;	
hereby assign <u>all my inte</u> (You must include a map				•	_
hereby assign <u>a portion o</u>	<i>f my interest</i> in ar	nd to the er	<u>ıtire</u> ap	plication/	permit/transfer;
Application # S-84646	, Permit #	S-53768		; Transfe	r#N/A
GR Statement # N/A	, GR Certific	-OR- cate of Reg	istratio	n#N/	Α
01 11 d 00 0d					
as filed in the office of the Water	er Resources Dire	ector, to:			
	er Resources Dire	ector, to:			
Amity Hills, LLC	er Resources Dire	ector, to:			
	er Resources Dire	ector, to:			
Amity Hills, LLC	er Resources Dire	cctor, to:		94558	707-224-6565
(Name of New Owner)		CA	ate)	94558 (Zip)	707-224-6565 (Phone #)
Amity Hills, LLC (Name of New Owner)  P. O. Box 3989 (Mailing address)  NOTE:  If there are other Certificate of Grant Control (Name of New Owner)	Napa (City) r owners of the pr	CA (Storoperty des	cribed	(Zip) in this Ap	
Amity Hills, LLC  (Name of New Owner)  P. O. Box 3989  (Mailing address)  NOTE:  If there are other Certificate of Grames and mails I hereby certify that I have notificate.	Napa (City)  r owners of the pround Water Reging addresses and	CA (Statement of the property desistration, year of the property desistration) (Statement of the property design)	cribed ou musito this for	(Zip) in this Ap t provide form.	(Phone #)  oplication, Permit, Transfer of a list of all other owners'
Amity Hills, LLC  (Name of New Owner)  P. O. Box 3989  (Mailing address)  NOTE:  If there are other Certificate of Grames and mails I hereby certify that I have notified or Certificate of Registration of	Napa (City)  r owners of the pround Water Reging addresses and the country of the pround water segments and the country of the	CA (Statement of the partial of the	cribed ou must to this for the comparty	(Zip) in this Ap t provide form. describe	(Phone #)  oplication, Permit, Transfer of a list of all other owners'  ed in this Application, Permit
Amity Hills, LLC (Name of New Owner)  P. O. Box 3989 (Mailing address)  NOTE:  If there are other Certificate of Grant Control (Name of New Owner)	Napa (City)  r owners of the pround Water Reging addresses and the country of the pround water segments and the country of the	CA (Statement of the partial of the	cribed ou must to this for the comparty	(Zip) in this Ap t provide form. describe	(Phone #)  oplication, Permit, Transfer of a list of all other owners'  ed in this Application, Permit

## 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 Satern, Oregon.
- Fee receipt # 26032
- For Director by Jerry Sauter Frogram Aralyst i Water Rights Division

The completed "Request for Assignment" form *must* be submitted to the Department along with the appropriate recording fees:

- \$25 for the first page, and
- \$5 for each additional page.
  [as required by ORS 536.050(1)(d)]

RECEIVED

JAN 29 2007