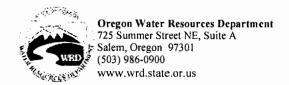
SEP 2 5 2013



Last updated: August 21, 2009 Request for Assignment

Request for **Assignment**

SALEM, OR

RECEIVED BY OWRD

, David A Rogers and Kathryn S Rogers (Name of Applicant / Permit / Transfer Holder / License Holder/GR Certificate of Registration)							
26366 GAP RD			BROWNSVIL			541-466-5309	SALEM,
(Mailing Address)		(City)	(State)	(Zip)	(Phone #)		
3	hereby assign <i>ali m</i> Registration;	vinterest in and to a	pplication/perm	iit/iransfe	er/license/G	R Certificate of	
	hereby assign <u>all my interest</u> in and to a portion of application/permit/transfer/license/GR Certification of Registration; (You must include a map showing the portion of the application/permit/transfer/license/GR Certificate of Registration to be assigned.)						e
	hereby assign <u>a por</u> Certificate of Regis		and to the <u>enti</u>	<u>re</u> applic	ation/permi	t/transfer/license/GR	
pplicat	tion # G-17289	; Permit # G	-16915	; 7	Fransfer #		
	# . CI	Statement #	-OR-	D. Contiff	ionto of Dog	istration #	
cense	#, OF	. Statement #	,0	K Certiii	icale of Reg	istration #	
s filed	in the office of the V	later Resources Dire	ector, to:				
orthw	est Farm Credit S	Services, FLCA					
(Na	ime of New Owner)						
700 S	S Assembly St		Spokane	WA	99224	800-743-212	5
(Ma	iling Address)		(City)	(State)	(Zip)	(Phone #)	
l her Pern	GR Certificate of Re addresses and attace reby certify that I hant, Transfer, Licenses my hand thisApplicant	gistration, you must it to this form. re notified all other of c, or GR Certificate	provide a list of the provide f	of all other	er owners' n escribed in equest for A	this Application, ssignment	455 (Em) // 1/4.
egon W 00 a.m. e receip	T WRITE IN THIS THES ASSIGNMENT AND Vater Resources Dep on date of receipt at ot # ICO 7 3 tor by Jerry Sauter, ghts Division	artment effective Sålern Oregon.	form must	be subm	equest for As itted to the I rding fee of	Department	