	Application No. <u>G17758</u>		58	FEES PAID				
Name Mike and Nicky McGinnis G-17758  26344 Medical Springs Hwy  Relation City OR 07814	Permit No.  Certificate No.					Date10-14	Amount 5 500,00	Receipt No.
By Baker City, OR 97814 Address		Date				5/2/14	300	11 22 43
	DENIED				Manage or agreement of		G . F	
	MISFILED				FEES	REFUND	Cert. Fee L	
	WITHDRAWN		Volume	_		Date	Amount	Receipt No.
Priority February 10,2014  County BAKER WM# 8	CANCELLED							
RELATED FILES					даданадарала			
	ASSIGNMENTS							
<del></del>	Date	To Whom					Address	
<b>DEVELOPMENT</b> Date								
Completion								
Extended to								ß
Final Proof received								
Proposed Cert. Mailed								
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