

Name Confederated Tribes of Warm Springs R-87973  
Attn: Stephan Charette  
By 320 W Main St.  
Address John Day, OR 97845

Application No. 87973  
Permit No. \_\_\_\_\_  
Certificate No. \_\_\_\_\_

**NET FES. FEES PAID**

Date	Amount	Receipt No.
4-18-14	950.00	111780

Date

**DENIED** \_\_\_\_\_

**MISFILED** \_\_\_\_\_

**WITHDRAWN** \_\_\_\_\_

**CANCELLED** \_\_\_\_\_

Volume | Page

**FEES REFUNDED**

Date | Amount | Receipt No.

Date	Amount	Receipt No.

Priority April 18, 2014  
County GRANT WM# 4

**RELATED FILES**

**ASSIGNMENTS**

**DEVELOPMENT**

Date

Completion \_\_\_\_\_

Extended to \_\_\_\_\_

Final Proof received \_\_\_\_\_

Proposed Cert. Mailed \_\_\_\_\_

Date	To Whom	Address

**REMARKS** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MAP LOCATION** \_\_\_\_\_

JS 4/25/2014