

Request for Assignment

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O BOX 3187 (Mailing Address)	CENTRAL PT OR (City) (State)		,,, .
(Matting Address)	(City) (State)	(z.p)	(1 none #)
hereby assign <i>all my interest</i> in and Registration;	to application/permit/transfo	er/license/C	GR Certificate of
hereby assign <u>all my interest</u> in and of Registration; (You must include a	n map showing the portion o	f the	
application/permit/transfer/license/	GR Certificate of Registration	on to be as:	signed.)
hereby assign <u>a portion of my intere</u> Certificate of Registration:	est in and to the <u>entire</u> applic	ation/perm	it/transfer/license/GR
pplication # ; Permit #	# ; 1	Fransfer#	
pplication #; Permit #	-OR-		0440
cense #; GR Statement # 22	; GR Certifi	cate of Reg	gistration #_Z14Z
s filed in the office of the Water Resources	Director, to:		
ARTIN FARMS PROPERTIES I.I.C			
ARTIN FARMS PROPERTIES, LLC (Name of New Owner)		AND THE PERSON NAMED IN COLUMN	
(Name of New Owner)			
(Name of New Owner)	CENTRAL PT OR (City) (State)	97502	541-210-6223
(Name of New Owner) PO BOX 3187	CENTRAL PT OR	97502	541-210-6223
(Name of New Owner) PO BOX 3187 (Mailing Address) Note: If there are other owners of the prope	CENTRAL PT OR (City) (State) erty described in the Applica	97502 (Zip) ation, Perm	541-210-6223 ~ (Phone #) it, Transfer, License, or
(Name of New Owner) PO BOX 3187 (Mailing Address) Note: If there are other owners of the proper GR Certificate of Registration, you need to be a second or	CENTRAL PT OR (City) (State) erty described in the Applica	97502 (Zip) ation, Perm	541-210-6223 ~ (Phone #) it, Transfer, License, or
(Name of New Owner) PO BOX 3187 (Mailing Address) Note: If there are other owners of the prope	CENTRAL PT OR (City) (State) erty described in the Applica	97502 (Zip) ation, Perm	541-210-6223 ~ (Phone #) it, Transfer, License, or
(Name of New Owner) PO BOX 3187 (Mailing Address) Note: If there are other owners of the prope GR Certificate of Registration, you naddresses and attach it to this form. I hereby certify that I have notified all ot	CENTRAL PT OR (City) (State) erty described in the Applica must provide a list of all other	97502 (Zip) ation, Permer owners'	541-210-6223 (Phone #) it, Transfer, License, or names and mailing this Application,
(Name of New Owner) O BOX 3187 (Mailing Address) Note: If there are other owners of the prope GR Certificate of Registration, you naddresses and attach it to this form. I hereby certify that I have notified all ot Permit, Transfer, License, or GR Certificate.	CENTRAL PT OR (City) (State) erty described in the Applica must provide a list of all other ther owners of the property of eate of Registration of this R	97502 (Zip) ation, Permer owners' described in equest for	541-210-6223 (Phone #) it, Transfer, License, or names and mailing this Application, Assignment
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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 Salem, Oregon.
- Fee receipt # [[3/22]
- For Director by Jerry Santa, Program Analy

Water Rights Division

The completed "Request for Assignment" form *must* be submitted to the Department along with the recording fee of \$75.