

Request for Assignment CEIVED BY OWRD

DEC 15 2014

for multiple rights, a separate form and i	fee for each right will	be requir	ea.	SALEM,
Valley Falls Ranch, Inc. by David W.	. Elder, president			
(Name of Applicant / Permit / Transfe	r Holder / License Ho	lder/GR (Certificate	of Registration)
26245 Horsell Road	Bend	OR	97701	541-382-3824
(Mailing Address)	(City)	(State)	(Zip)	(Phone #)
hereby assign <u>all my interest</u> in a Registration;	nd to application/pern	nit/transfe	er/license/C	R Certificate of
hereby assign <u>all my interest</u> in a of Registration; (You must include application/permit/transfer/licensers)	le a map showing the	portion of	f the	
hereby assign <u>a portion of my interest</u> Certificate of Registration:	erest in and to the ent	<i>ire</i> applic	ation/perm	it/transfer/license/GR
application # G-16904 ; Perm	nit # G-16970	;]	Transfer #_	
icense #; GR Statement #	-OR-	D Contiff	oute of Day	ristration #
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cense #; GR Statement #	; c	rk Ceruii	cate of fteg	gistration #
		rk Ceruii	cate of Reg	gistiation #
s filed in the office of the Water Resource		rk Ceruii	cate of Reg	gistiation #
s filed in the office of the Water Resource		rk Ceruii		gsuattal #
ennis & Andrea Flynn (Name of New Owner)		OR	97630	541-219-2616
s filed in the office of the Water Resource ennis & Andrea Flynn (Name of New Owner)	ces Director, to:		97630	
Dennis & Andrea Flynn (Name of New Owner) 31259 Clover Flat Road (Mailing Address) Note: If there are other owners of the program of the pr	Lakeview (City) operty described in the numust provide a list of m. other owners of the prificate of Registration	OR (State) e Applica of all other	97630 (Zip) Ition, Permiser owners' escribed in equest for J	541-219-2616 (Phone #) it, Transfer, License, or names and mailing this Application, Assignment
Dennis & Andrea Flynn (Name of New Owner) 31259 Clover Flat Road (Mailing Address) Note: If there are other owners of the program of the pr	Lakeview (City) operty described in the numust provide a list of m. other owners of the prificate of Registration	OR (State) e Applica of all other	97630 (Zip) Ition, Permiser owners' escribed in equest for J	541-219-2616 (Phone #) it, Transfer, License, or names and mailing this Application, Assignment

- Fee receipt # 114219 - For Director by Jerry Sau Water Rights Division

8:00a.m. on date of receipt at \$4

- This certifies assignment and record change at

Oregon Water Resources Department effective

The completed "Request for Assignment" form *must* be submitted to the Department

along with the recording fee of \$85.