Name	Scott Gressley 1270 Hillcrest Dr. Vale, OR 97918		Permit l	No. <u>G18</u> No No		FEES PAID Date 203415	Amount 5 21200.00	Receipt No.
By Address_				Date			Cert. Fee	
	HALHSCOR	(_7],20/S WM#Q	WITHDRAWN		Page	FEES REFUN Date	DED Amount	Receipt No.
			ASSIGNMENTS Date	To Whom			Address	
_	PMENT tion d to							
	oof received d Cert. Mailed							

MAP LOCATION_____