

Certificate No. _____

FEES PAID

Date	Amount	Receipt No.
3/16/15	470. ⁰⁰	115228
	Cert. Fee	

FEES REFUNDED

Date	Amount	Receipt No.

Name Lynn A. Willis R-88059
By PO Box 344
Address Union, OR 97883

Date _____

DENIED _____

MISFILED _____

WITHDRAWN _____

CANCELLED _____

Volume | Page

Priority MARCH 16, 2015

County Canyon WM# 6

RELATED FILES

DEVELOPMENT

Date _____

Completion _____

Extended to _____

Final Proof received _____

Proposed Cert. Mailed _____

ASSIGNMENTS

[illegible]

REMARKS _____

MAP LOCATION