

Request for Assignment

If for multiple rights, a separate form and fee for each right will be required.

I_ Cascade Highlands LTD Partne	rship				,
(Name of Applicant / Permi	t / Transfer H	older)			
61999 Broken Top Dr.	Bend	OR	97702	541-312-4043	
(Mailing address)	(City)	(State)	(Zip)	. (Phone #)	
hereby assign all my interes	t in and to app	lication/per	mit/transfer;		
hereby assign <u>all my interes</u> (You must include a map sh			•	-	
☐hereby assign a portion of m	<i>v interest</i> in ar	nd to the ent	ire application	/pennit/transfer;	
Application # G-12971	_, Permit # <u>G</u>	-12494	; Transfe	T-9625	
GR Statement #	_, GR Certific	-OK- ate of Regis	tration#		
as filed in the office of the Water R					RECEIVED
		r			MAR 2 0 2007
Highlands at Broken Top Commun (Name of New Owner)	nty Association	<u> </u>		Less	
		25	97701	VVA	TER RESOURCES DEPT SALEM, OREGON
61 NE Franklin Ave. — (Mailing address)	Bend (City)	OR (Stai		(Phone #)	•
(Mulling dadress)	(Cuy)	(Diai	e) (Lip)	(I none #)	₹.
(Mailing address) (City) (State) (Zip) (Phone #) NOTE: If there are other owners of the property described in this Application, Permit, Transfer or Certificate of Ground Water Registration, you must provide a list of all other owners' names and mailing addresses and attach it to this form.					
I hereby certify that I have notified or Certificate of Registration of this			operty describe	ed in this Application, F	
Witness my hand this 18th	iay of Dec	ember	_, 20 <u>06</u> .		
Applicant/F	ermit holder_		As I		
Applicant/F	ermit holder	///.	MA		

DO NOT WRITE IN THIS BOX

This certifies assignment and record change at Oregon Water Resources Department effective 3:00a.m. on date of receipt at Salem. Oregon.
- Fee receipt # 66753

· For Director by Jerry Say Water Rights Division The completed "Request for Assignment" form must be submitted to the Department along with the appropriate recording fees:

- \$25 for the first page, and
- \$5 for each additional page. [as required by ORS 536.050(1)(d)]