

Request for Assignment

If for multiple rights, a separate form and fee for each right will be required. 1. Cascade Highlands LTD Partnership (Name of Applicant / Permit / Transfer Holder) 61999 Broken Top Drive (State) (Mailing address) (Phone #) (City) (Zip)...hereby assign all my interest in and to application/permit/transfer; ...hereby assign all my interest in and to a partion of application/permit/transfer; (You must include a map showing the portion of the application/permit to be assigned.) ...hereby assign a portion of my interest in and to the entire application/permit/transfer, Application # G-12971 , Permit # G-12494 ; Transfer # T-9625 RECEIVED GR Certificate of Registration # as filed in the office of the Water Resources Director, to: MAR 2 0 2007 Arrowood Developent, LLC WATER RESOURCES DEPT (Name of New Owner) SALEM, FREGON OR 250 NW Franklin Avenue, Suite 203 Bend 97701 541-322-5900 O.R. ASSIGN PART (Mailing address) (City) (State) (Zip)(Phone #) If there are other owners of the property described in this Application, Permit, Transfer or NOTE: 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 all other owners of the property described in this Application, Permit or Certificate of Registration of this request for assignment. Witness my hand this day of November Applicant/Permit holder Applicant/Permit holder

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.

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Fee receipt # 86752///

· For Director by Jerry Santr, Program Analyst in 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)]