		Application	No. G- 182	<u>888                                  </u>	FEES PAID		
Name _ Joan Cooper P.O. Box 529 By _ Molalla, OR 970		1 CI IIII	No		Date 4-79-16	Amount \$1900.00	Receipt No. 119593
Address		DENIED	Date	_			
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Priority April 25, 2016		WITHDRAWN		Volume Page	Date -	Amount	Receipt No.
County Clack numb	WM# 20	CANCELLED					
RELATED FILES							
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		Date	To Whom			Address	
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Completion					<u> </u>		
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