	Applica	ation No. 🤇	j - 182	92_		FE	ES PAID		
Name – William McMichael G-182 P.O. Box 3752	92 Pe						Date 5-2-16	Amount	Receipt No.
By Sunriver, OR 97707	Certif	icate No					5-2-16	1,000.00	119678
Address			5				5-2-16	475.00	119679
	DF	NIED	Date						
	•							Cert. Fee	
				Volume	Page	FE	ES REFUNI Date	DED Amount	Receipt No.
Priority Flay 7, 2016	WITHDR	AWN						- Anount	Receipt 140.
County Deschares WM# 11	CANCE	LLED							
RELATED FILES								· · · · · · · · · · · · · · · · · · ·	
	ASSIGNMENTS								
VII. Amount of the control of the co	Date		To Whom		1			Address	
DEVELOPMENT Date									
Completion									
Extended to									
Final Proof received									
Proposed Cert. Mailed					L				
	REMARKS								
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N2 2/4/2016

Rev. 04/03