

Name **James N. Smith, LLC** S-88235  
 By **Maurice Smith, Executor**  
 Address **PO Box 399**  
**St. Paul, OR 97137**

Application No. **88235**  
 Permit No. \_\_\_\_\_  
 Certificate No. \_\_\_\_\_

FEES PAID		
Date	Amount	Receipt No.
5/26/16	\$1,253.00	119944
5/26/16	\$1,000.00	119945
	Cert. Fee	

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Priority May 26, 2016  
 County WAGON WM# 16

Date \_\_\_\_\_  
**DENIED** \_\_\_\_\_  
**MISFILED** \_\_\_\_\_  
**WITHDRAWN** \_\_\_\_\_  
**CANCELLED** \_\_\_\_\_

Volume	Page
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FEES REFUNDED		
Date	Amount	Receipt No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

**RELATED FILES**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ASSIGNMENTS**

**DEVELOPMENT** Date \_\_\_\_\_  
 Completion \_\_\_\_\_  
 Extended to \_\_\_\_\_  
 \_\_\_\_\_  
 Final Proof received \_\_\_\_\_  
 Proposed Cert. Mailed \_\_\_\_\_

Date	To Whom	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**REMARKS** \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

22 6/2/2016

MAP LOCATION \_\_\_\_\_