Application No. G- 18417

Permit No. _____

Certificate No. _____

Name Blake Spotten Trust G-18417
By c/o Blake Spotten
Address 304714 S. Hwy 213
Molalla, OR 97038

Priority December 20, 2016

County Clackamas WM# 10

FEES PAID

Date	Amount	Receipt No.
12/20/16	1,450.00	122167
	Cert. Fee	

Date

DENIED _____

MISFILED _____

WITHDRAWN _____

CANCELLED _____

Volume	Page

FEES REFUNDED

Date	Amount	Receipt No.

RELATED FILES

_____
_____
_____
_____

ASSIGNMENTS

Date	To Whom	Address

DEVELOPMENT Date

Completion _____

Extended to _____

_____

Final Proof received _____

Proposed Cert. Mailed _____

REMARKS _____

MAP LOCATION _____

Rev. 04/03