	Арр	lication No.	G-184	<u> 18</u>		FEE	ES PAID		
Name Coleman Koch Partners, LLC G-18 By C/o Todd Koch 15411 River Rd. NE	<i>1</i> 10	Permit No rtificate No				1 <u>2</u> -	Date 2 20 1 b	Amount 2,1650.00	Receipt No.
Priority Decreed on 20,706  County Hospital WM# 16  RELATED FILES	~ ~ ~ ~ ~ ~ ~			Volume	Page	FEE	FEES REFUNDate	Cert. Fee  NDED  Amount	Receipt No.
	ASSIGNMEN Date	TTS	To Whom		ı			Address	
DEVELOPMENT Date  Completion  Extended to									
Final Proof received Proposed Cert. Mailed									
					REMAI	RKS			
					MAP L	OCATI	ION		

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Rev. 04/03