

Request for Assignment

By Proof of Ownership (If Water Right Holder is Not Available)

If for multiple rights, a separate form and fee for each right will be required.

| L RD Farms Inc. c/o Steve Davidson | | | | |
|--|--|---|---|--|
| (Name of Party Requesting Assignment) | arragan i 1965 (Millioner — y ⁴ 46), kali tephenologicii iliyati (Millioner) 44° 44° (Millioner men | en opgegene de graf klastigere en til 127 fol e de graf er egen fra | | STATE OF THE STATE |
| 4608 Davidson Road NE | St. Paul | OR 97137 | (503) 63 | 33-4887 |
| (Mailing Address) | (City) | (State) (Zi | p) (Phone #, |) |
| hereby request assignment of applicatio | n/permit/transfe | r/license/GR | Certificate of Regis | stration; |
| hereby request assignment of a <u>portion</u> Registration; (You must include a map application/permit transfer/license/GR | showing the por | tion of the | | cate of |
| I have attached proof of ownership that may inclose a land sales contract, a court order or decree, of Department cannot accept a copy of a tax statement. | documentation of | | | |
| Application #; Permit # | | ; Tran | sfer# | ng digita sa manang api daga daga daga minang ang ang ang ang ang ang ang ang ang |
| Application # | <i>-OR-</i> 172 - GR | Certificate o | f Registration # GF | ₹-2081 |
| | , or | Commeate | Registration # | |
| P.M. Spirup (Name of Holder of Record) | | | | Millionia from broads (Egyptopen agree, this great at the final distribution of security and the security an |
| (Name of Holder of Record) | | | | |
| Star Route Box 25 | | OR 97137 | | |
| (Mailing Address) | (City) | (State) (Zi | p) (Phone #, | , |
| Note: You are required to furnish proof accepts given or attempted for each identified previous Failure to submit this proof will result in limited to: a copy of returned certified n | roperty owner n n the return of y | ot a party to to our request. | he assignment. ORS Proof may include | \$ 537.220(2) but not be |
| I certify that I am the current owner of the license or GR Certificate of Registration | 1. | | | |
| 2) I have the legal right to request assignm3) I have not been able to contact the owner | ent under OAR er(s) of record fo | 690-310-028 or the above t | 0 and 690-320-0060 eferenced application | an ar matar |
| right. 4) I further certify that the information pro- | | | | knowledge. |
| Witness my hand this day o | of Decei | nbe- | 20 /6 | X |
| Witness my hand this day of Party Requesting Assignment | Ster | Jaro | S PD | knowledge. |
| Party Requesting Assignment | | | | |
| | | | | |

DO NOT WRITE IN THIS BOX

This certifies assignment and record change at Oregon Water Resources Department effective 8:00 a.m. on date of receipt at Selem, Oregon.

Fee receipt # 122/65 Analyst in For Director by Jerry Saut

Water Rights Division

The completed "Request for Assignment form must be submitted to the Department" along with the recording fee of \$85.

DEC 20 2018

WATER RESOURCES DEPT SALEW OREGON