

Request for Assignment

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

19980 Highway 50	Merrill	OR	97633	541-798	-1072	
(Mailing address)	(City)	(State)	(Zip)	(Phor		
☑hereby assign <u>all my ir</u> ☐hereby assign <u>all my ir</u>		•		,		
(You must include a m					ssigned.)	
hereby assign <u>a portion</u>	of my interest in an	nd to the <u>er</u>	utire applicat	ion/permit/tra	nsfer;	
Application # G-15781	, Permit # <u>G</u>	-15347 -OR-	; Trai	nsfer #		
GR Statement #	, GR Certific	ate of Reg	istration#_			
01 11 d 00 0d 111						
Driscoll Strawberry Associate			sery Manag	er		
Driscoll Strawberry Associate (Name of New Owner) 134 Redcliff Drive, Suite D			sery Manag	02 53	 0-221-6258	
Driscoll Strawberry Associate (Name of New Owner) 434 Redcliff Drive, Suite D	es, Inc., c/o Holly Bu	rgess, Nui		02 53	 0-221-6258	
Driscoll Strawberry Associate (Name of New Owner) 434 Redcliff Drive, Suite D (Mailing address) NOTE: If there are of Certificate of names and mo	Redding (City) ther owners of the program of the pr	CA (St. roperty des	9600 ate) (Zip) cribed in this ou must provio this form.	02 53 (Phone s Application, ide a list of al	0-221-6258 e #) Permit, Tran l other owner	sfer o
Driscoll Strawberry Associate (Name of New Owner) 434 Redcliff Drive, Suite D (Mailing address) NOTE: If there are of Certificate of names and moon Certificate of Registration	Redding (City) her owners of the pr Ground Water Reginiling addresses and tified all other owners of this request for as	CA (State operty desistration, year attach it it ers of the passignment.	9600 (Zip) cribed in this ou must provo this form.	(Phone s Application, ide a list of al	0-221-6258 e #) Permit, Tran l other owner	sfer o
Certificate of names and more or Certificate of Registration	Redding (City) her owners of the pr Ground Water Reginiling addresses and tified all other owners of this request for as	CA (State operty desistration, year attach it it ers of the passignment.	9600 (Zip) cribed in this ou must provo this form.	(Phone s Application, ide a list of al	0-221-6258 e #) Permit, Tran l other owner	sfer o
Driscoll Strawberry Associate (Name of New Owner) 434 Redcliff Drive, Suite D (Mailing address) NOTE: If there are of Certificate of names and ma	Redding (City) her owners of the pr Ground Water Reginiling addresses and tified all other owners of this request for as	CA (State operty desistration, year attach it it ers of the passignment.	9600 (Zip) cribed in this ou must provo this form.	(Phone s Application, ide a list of al	0-221-6258 e #) Permit, Tran l other owner	sfer o

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

For Director by Jerry Sauter frogram Avalyst in Water Rights Division Fee receipt #**877/5**

The completed "Request for Assignment" form *must* be submitted to the Department along with the appropriate recording fees:

• \$25 for the first page, and

\$5 for each additional page. [as required by ORS 536.050(1)(d)]

Last updated: Oct 3, 2006 Request for Assignment/1 RECEIVED WR

HIN 0 1 2007