

Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, Oregon 97301 (503) 986-0900 www.wrd.state.or.us

Request for Assignment

If the Department determines that the application is incomplete, fees have not been paid, or the required documents are not acceptable, the application and all fees submitted will be returned to the applicant.

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

J. BARRY KRAYBERGER FOR KRAXBAR	6412/60R	ZATTA	LLC	, .	
Name of Current Holder of Record) 17935 S.W. HIUSBOND HWY Mailing Address)	· ·	6 A	67.00	- 0.16	7222
(1730 S.W. HIUSEAND FIWY Mailing Address)	TILLYBORD	(State)	7/125	503-847-	-154_
Autung Address)	(City)	(State)	(Zip)	(Fnone #)	
hereby assign <u>all my interest</u> in and to <u>the entire</u> appropriate (example, sold all the land authorized under		it/transfe	r/limited lice	ense/groundwater s	statement;
hereby assign all my interest in and to a portion of statement; (You must include a map showing the policense/groundwater statement to be assigned. Example 1.	rtion of the ap	plicatio	n/permit/tran	sfer order/limited	
hereby assign a portion of my interest in and to the statement; (example, adding an additional person)	entire applicat	tion/perr	nit/transfer/l	imited license/grou	indwater
Application # 6-15629; Permit #	6-153	<i>30</i> ; 1	ransfer #	;	J
Limited License #	Groundwater	Stateme	ent #	;	
s filed in the office of the Water Resources Director, to:					
Variation Dies Dan 110					
Name of New Owner) 17935 S.W. Mailing Address) Name of New Owner) 17935 S.W. Mailing Address)	.1				
17935 S.W.	Husboro	OR	97123	503-84	9-7322
Mailing Address)	(City)	(State)	(Zip)	(Phone #)	
, ,					
Note: If there are other owners of the property described groundwater statement, you must provide a list of this form. Write the initials (first letters) of your	all other own	ers' nam	es and maili	ng addresses and at	
✓ I hereby certify that I have notified all other own order, limited license, or groundwater statement of this	ners of the pro Request of As	perty de signmen	scribed in thi	is application, peru	nit, transfer
Witness my hand this (Day) day of	(Month)	, 20	(Year)		
Signature of Current Holder of Record	7	golf.			
Failure to provide any of the required info	ormation will	result in	the return	of your application	on.
DO NOT WRITE IN THIS BOX				N .	-
is certifies assignment and record change at egon Water Resources Department effective to a.m. on date of receipt at Salem Oregon. e receipt # 126534	form mus	t be sub	Request for A nitted to the ording fee of	Department	
r Director by Jerry Sauter Program Analyst in	r Assignment				WR
ater Rights Division / / Few	g-			,	

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