Name	Application No.  Permit No.  Certificate No.			FEES PAID    Date   S   9	Amount 2910 : 00	Receipt No.
By _ CG NURSERY LLC 405 N P STREET COTTAGE GROVE OR 97424	DENIED	Date			Cert. Fee	
Priority 4-8-19	MISFILED WITHDRAWN CANCELLED		1	FEES REFU	NDED Amount	Receipt No.
County LANE WM# 2  RELATED FILES						1
	ASSIGNMENTS Date	To Whom		1	Address	
<b>DEVELOPMENT</b> Date						
Completion						
Extended to						
Final Proof received						
Proposed Cert. Mailed						
			REM	ARKS		
			_			
			_		Λ	
100			MAP	LOCATION		Rev. 0
MfB 4-11-19						