

## **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.

| I, Mu   | unger Hortifrut North America, LLC   |             |               |               |                                    |                 |
|---|--|-------------|---------------|---------------|------------------------------------|-----------------|
| (Name   | of Current Holder of Record)   |             |               |               |                                    |                 |
| 786 Road 188  |  |             | o, CA 932     |               | (661) 725-64                       | 58              |
| (Mailing Address)   |  | (City)      | (State)       | (Zip)         | (Phone #)                          |                 |
|   | hereby assign <u>all my interest</u> in and to <u>the entire</u> applie<br>(example, sold all the land authorized under  |             | nit/transfe   | er/limited li | cense/groundwa                     | ter statement;  |
| X   | hereby assign <u>all my interest</u> in and to <u>a portion</u> of application/permit/transfer/limited license/groundwater statement; ( <u>You must include a map</u> showing the portion of the application/permit/transfer order/limited license/groundwater statement to be assigned. Example, sold a portion of the land authorized under the right) |             |               |               |                                    |                 |
|   | hereby assign a portion of my interest in and to the entire application/permit/transfer/limited license/groundwater statement; (example, adding an additional person)  |             |               |               |                                    |                 |
|   | Application # S-84961; Permit # S  | S-53878     | ; T           | ransfer#_     |                                    | •               |
| -   | Limited License #; C   | Froundwate  | er Staterne   | ent #         | ;                                  |                 |
| as filed in the office of the Water Resources Director, to:   |  |             |               |               |                                    |                 |
| Provi   | dence Holdings - Hillsboro LLC   |             |               |               |                                    |                 |
|   | of New Owner)  |             |               |               |                                    |                 |
| •   | SW Commerce Circle, Suite 401  | Wilson      | ville, OR     | 97070         | (503) 765-53                       | 353             |
| (Maili  | ng Address)  | (City)      | (State)       | (Zip)         | (Phone #)                          | <u> </u>        |
| Not   | e: If there are other owners of the property described in  | n the appli | cation, pe    | rmit, transf  | er order, limited                  | license, or     |
| groundwater statement, you must provide a list of all other owners' names and mailing addresses and attach it to this form. Write the initials (first letters) of your first and last names at the spot indicated below |  |             |               |               |                                    |                 |
| I hereby certify that I have notified all other owners of the property described in this application, permit, transfer order, limited license, or groundwater statement of this Request of Assignment.                  |  |             |               |               |                                    |                 |
| Wi  | tness my hand this // day of // (Day)  | yonth)      | ,<br>//<br>// | ) <u> </u>    |                                    | Ellini, dansiel |
| Sig   | nature of Current Holder of Record   | <u> </u>    |               | <u> </u>      | ·                                  | ation of S      |
| Failure to provide any of the required information will result in the return of your application.   |  |             |               |               |                                    |                 |
|   | This certifies assignment and record change at Oregon Water Resources Department effective 8:00 a.m. on date of receipt at Salem, Oregon.  Fee receipt # Schwabe Acaous † For Director by Mary F. Bjork. Program Analyst in Water Rights Division.   | form mus    | t be subn     |               | Assignment" e Department of \$100. | DECÉ: :         |
|   | Mario . M  |             |               |               |                                    | RECEIVED        |

Last updated: September 18, 2017

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