JUL 1 3 2020



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.

I, Mark Unger and Unger Family Farms	Inc	
(Name of Current Holder of Record)	Complies Oregon 07112	
33640 SW Unger Road (Mailing Address)	Cornelius, Oregon 97113	(7)
Matting Address)	(City) (State) (Zip	(Phone #)
	nd to the entire application/permit/transfer/limed authorized under the right)	nited license/groundwater statement;
statement; (You must include a mo	nd to a portion of application/permit/transfer/ ap showing the portion of the application/per be assigned. Example, sold a portion of the I	mit/transfer order/limited
statement; (example, adding an ad		
	; Groundwater Statement #	
_		
as filed in the office of the Water Resource Pacific Life Insurance Company c/o AXA		
as filed in the office of the Water Resource Pacific Life Insurance Company c/o AXA (Name of New Owner)	A Equitable AgriFinance, LLC	210.255.8062
as filed in the office of the Water Resource Pacific Life Insurance Company c/o AXA (Name of New Owner) 6300 C Street SW	A Equitable AgriFinance, LLC Cedar Rapids, Iowa 52499	
as filed in the office of the Water Resource Pacific Life Insurance Company c/o AXA (Name of New Owner) 6300 C Street SW	A Equitable AgriFinance, LLC	
as filed in the office of the Water Resource Pacific Life Insurance Company c/o AXA (Name of New Owner) 6300 C Street SW (Mailing Address) Note: If there are other owners of the pagroundwater statement, you must	A Equitable AgriFinance, LLC Cedar Rapids, Iowa 52499	transfer order, limited license, or d mailing addresses and attach it to
as filed in the office of the Water Resource Pacific Life Insurance Company c/o AXA (Name of New Owner) 6300 C Street SW (Mailing Address) Note: If there are other owners of the p groundwater statement, you must this form. Write the initials (first I hereby certify that I have notify	Cedar Rapids, Iowa 52499 (City) (State) (Ziperoperty described in the application, permit, t provide a list of all other owners' names and	transfer order, limited license, or d mailing addresses and attach it to not indicated below
As filed in the office of the Water Resource Pacific Life Insurance Company c/o AXA (Name of New Owner) 6300 C Street SW (Mailing Address) Note: If there are other owners of the pagroundwater statement, you must this form. Write the initials (first I hereby certify that I have notify order, limited license, or groundwater statements.	Cedar Rapids, Iowa 52499 (City) (State) (Zip roperty described in the application, permit, t provide a list of all other owners' names and tetters) of your first and last names at the spried all other owners of the property describe statement of this Request of Assignment. day of JULY , 20 20 (Month) (Ye.	transfer order, limited license, or d mailing addresses and attach it to oot indicated below d in this application, permit, transfer

Fee receipt # 133034 For Director by Mary F. Bjork. Program Analyst in Water Rights Division. W. 37

form must be submitted to the Department along with the recording fee of \$100.