

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

Request for Assignment

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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, J. Bacon Farms, LLC (Name of Current Holder of Record)				
13801 SW Masonville Rd	McMinneville	Oregon		
Mailing Address)	(City)	(State)	(Zip)	(Phone #)
	authorized under the right)			
hereby assign all my interest in and statement; (You must include a map license/groundwater statement to be	showing the portion of the	application	n/permit/tra	nsfer order/limited
hereby assign a portion of my interestatement; (example, adding an		ation/pern	nit/transfer/	limited license/groundwater
Application # G11870	; Permit # <u>G11685</u>	; T	ransfer #_	
Limited License #	; Groundwate	er Stateme	ent #	;
is filed in the office of the Water Resource	s Director, to:			
Pacific Life Insurance Company, c/o AXA I	Equitable Agrifiance, LLC			210 255 9062
Pacific Life Insurance Company, c/o AXA I Name of New Owner) 6300 C Sreet SW, MS 3B-CR, Cedar Ra	Equitable Agrifiance, LLC pids, IA 52499	(State)	(Zip)	319-355-8063 (Phone #)
Pacific Life Insurance Company, c/o AXA I (Name of New Owner) 6300 C Sreet SW, MS 3B-CR, Cedar Ra	Equitable Agrifiance, LLC	(State)	(Zip)	319-355-8063 (Phone #)
(Mailing Address) Note: If there are other owners of the progroundwater statement, you must put this form. Write the initials (first least of the program o	pids, IA 52499 (City) perty described in the application of your first and last in the control of your first and your first	cation, per ners' name names at t	mit, transfe es and maili he spot indi	r order, limited license, or ng addresses and attach it to cated below
Pacific Life Insurance Company, c/o AXA II (Name of New Owner) 6300 C Sreet SW, MS 3B-CR, Cedar Ra (Mailing Address) Note: If there are other owners of the progroundwater statement, you must p this form. Write the initials (first le	pids, IA 52499 (City) perty described in the applications of your first and last and all other owners of the protection of this Request of Asserting pids.	cation, per ners' name names at t operty des ssignment	mit, transfe es and maili he spot indi cribed in th	r order, limited license, or ng addresses and attach it to cated below
Pacific Life Insurance Company, c/o AXA In (Name of New Owner) 6300 C Sreet SW, MS 3B-CR, Cedar Ray (Mailing Address) Note: If there are other owners of the progroundwater statement, you must put this form. Write the initials (first legal of the progroundwater statement)	pids, IA 52499 (City) perty described in the applications of your first and last and all other owners of the protection of this Request of Asserting pids.	cation, per ners' name names at t operty des ssignment	mit, transfe es and maili he spot indi cribed in th	r order, limited license, or ng addresses and attach it to cated below

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 # 132724

For Director by Mary F. Bjork. Program Analyst in Water Rights Division.

The completed "Request for Assignment" form *must* be submitted to the Department along with the recording fee of \$100.