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Request for Assignment SEP 1 3 2021



Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900

OWRD

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.

| APEX BIOSC | ENCES | | | | | |
|---|--|--|--|---|--|----------------------|
| (Name of Current Holder of Recc 918 7th Street | rd) Ste#7 | SANTA M | TONICA | , CA | ,90403 | 310.774.12 |
| (Mailing Address) | | (City) | (State) | (Zip) | (Phone #) | |
| hereby assign <u>all my inter</u> statement; (exa | rest in and to <u>the entire</u> ample, sold all the land | | | | /limited license/ | groundwater |
| hereby assign <u>all my inte</u> license/groundwater sta <i>application/permit/tran</i> portion of the land auth | tement; <u>(You must incl</u> sfer order/limited licens | l <u>ude a map</u> sho se/groundwate | wing the p | ortion of | the | ie, sold a |
| hereby assign <u>a portion</u> license/groundwater sta | | | | | nsfer order/limi | ted |
| Application # C | \$733 ; Permit # | | ; Trans | sfer Orde | r # | |
| Limited Lice | nse # | ; Groundwat | er Stateme | ent # | ; | |
| as filed in the office of the Wate ROSS MI (Name of New Owner) 2740 ECHO | us | | OK | 2 | 97404 | 541.510.33 |
| (Malling Address) | | (City) | (State) | (Zip) | (Phone #) | |
| Note: If there are other owner or groundwater statem attach it to this form. W I hereby certify that I ha transfer order, limited license Witness my hand this (Day Signature of Current Holder of | ent, you must provide a rite the initials (first let ave notified all other on , or groundwater state day of <u>SE</u> y) | a list of all other ters) of your fir wners of the pr ment of this Re | owners' n st and last operty des quest of A | names and names a cribed in ssignmen | d mailing addres t the spot indica this application, | ses and ted below |
| Failure to provide | any of the required in | formation will | result in t | he returr | of your application | ation. |
| This certifies assignment and re Oregon Water Resources Depa 8:00 a.m. on date of receipt at 5 Fee receipt # | artment effective Salem, Oregon. Program Analyst in | form mu | | itted to t | Assignment" he Department of \$120 . | |
| st updated: July 20, 2021 | Real | lest for Assignme | nt | | | WR |