

Request for **Assignment**

If for multiple rights, a separate form and fee for each right will be required.

I, Robert E. Flowerree c/o FLO						
PO Box 1821 82.0	Bend	OR	97760	(541) 576-2601		
(Mailing address)	(City) (State) (2	Zip)	(Phone #)		
hereby assign all my into	erest in and to applic	ation/perm	it/transfer;			
☐hereby assign <u>all my inte</u> (You must include a ma						
hereby assign <u>a portion of</u>	of my interest in and	to the entir	e application/	permit/transfer;		
Application #	, Permit #		; Transfer	# <u>T-10161</u>		
Application #	, GR Certificate	OR- e of Registi	ration #		RECEI	VED
as filed in the office of the Wat	er Resources Directe	or, to:			JUN 25	2007
FLOWERREE FARMS, INC				WA	TER RESOUR	
(Name of New Owner)					SALEM, OF	EGOM
PO Box 1	Bend	OR	97709	(541) 576-26	501	
(Mailing address)	(City)	(State	(Zip)	(Phone #)		#
Certificate of C	er owners of the propround Water Registration and addresses and a	ration, you	must provide d			O.K. ASSIGN M. S. 6/16/10
I hereby certify that I have notion of Certificate of Registration of			perty describe	d in this Application	n, Permit	illis.
Witness my hand this		Estat	, 20 <u>07</u> .	ert E. Flow	erree	1.
Applica	ant/Permit holder By	<u> </u>	Your	Persona	<u>l Repr</u> e	sentative
Applica	ant/Permit holder					
DO NOT WRITE IN THIS	SBOX Th	e complete	d "Request for	Assignment" form	must be	
This certifies assignment and recor Oregon Water Resources Department	d change at sub		he Departmen	t along with the app		

Water Rights Division

For Director by Jerry Sauter

8:00 a.m. on date of receipt at Salem, Oregon. Fee receipt #23319

\$25 for the first page, and\$5 for each additional page.

[as required by ORS 536.050(1)(d)]