## STATE OF OREGON DEPARTMENT OF STATE LANDS REMOVAL/FILL PERMIT TRANSFER

	Permit Numb	oer:	
Permit Holder:  Name:  Address:			
Dhana		<del>_</del>	
<del>_</del>		– e referenced permit to the transfe	area listed helow
Thereby transfer all respons	sibility for the above	e referenced permit to the transfe	eree listed below.
Signature		Date	
STATE OF			
County of			
The foregoing instrument was		re me this day of	, 20, by
		Signature My Commissions Expires:	<u> </u>
Address:		<u> </u>	
reviewed the permit condition	ons, application and	(name of company if and other attachments and agree to any way connected with the abo	be bound by all the
Signature		Date	<del></del>
STATE OF			
County of			
The foregoing instrument was	_	re me this day of	, 20, by
		Signature My Commissions Expires:	<u> </u>
The State of Oregon, acting by acknowledges this transfer.	y and through the De	epartment of State Lands in the abo	ve-mentioned permit,
Dated this day of _	, 20		
		DEPARTMENT OF STATE LANDS	S
		By: Region Manager	
		Region Manager	