NOTIFICATION OF OPERATIONS

EXPIRES DEC. 31, 1988

NO. 88 61711

STATE OF OREGON
DEPARTMENT OF FORESTRY
DEPARTMENT OF REVENUE

CHECK
APPROPRIATE BLOCKS

1A NOTICE IS GIVEN TO THE STATE FORESTER THAT AN OPERATION WILL BE CONDUCTED ON LANDS DESCRIBED BELOW AND ON THE COMPLETED ATTACHED MAPS (ORS 527.670).

1B APPLICATION FOR PERMIT TO OPERATE POWER DRIVEN MACHINERY (ORS 477.828).

1C APPLICATION FOR PERMIT TO CLEAR RIGHTS OF WAY (ORS 477.885).

PREVIOUS NOTIFICATION NO.

COLUMBIA
COUNTY ENTER ONLY:

OPERATOR

NAME: OREGON NATURAL GAS DEVELOPMENT COMPANY
MAILING ADDRESS - STREET: 220 N.W. SECOND AVE.
CITY, STATE AND ZIP CODE: PORTLAND, OR 97209
PHONE NO.: 220-2573

NAME: TODD THOMAS
PHONE NO.: 220-2573

THE OPERATOR, TIMBER OWNER OR LANDOWNER UPON GIVING THIS NOTICE GIVES CONSENT TO THE STATE FORESTER TO GO UPON THE LAND SUBJECT TO THE OPERATION FOR THE PURPOSE OF INSURING COMPLIANCE WITH THE FOREST PRACTICES ACT.

NAME: LONGVIEW FIBRE CO.
MAILING ADDRESS - STREET: P.O. BOX 667
CITY, STATE AND ZIP CODE: LONGVIEW, WA 98632
PHONE NO.: 206-425-1550

NAME: LONGVIEW FIBRE CO.
MAILING ADDRESS - STREET: P.O. BOX 667
CITY, STATE AND ZIP CODE: LONGVIEW, WA 98632
PHONE NO.: 206-425-1550

NAME: TIMBER OWNER
MAILING ADDRESS - STREET: P.O. BOX 667
CITY, STATE AND ZIP CODE: LONGVIEW, WA 98632
PHONE NO.: 206-425-1550

NAME: TIMBER OWNER
MAILING ADDRESS - STREET: P.O. BOX 667
CITY, STATE AND ZIP CODE: LONGVIEW, WA 98632
PHONE NO.: 206-425-1550

NOTICE TO TAXPAYER

THE PARTY OWENS TIMBER AT THE TIME OF HARVEST IS SHOWN IN SECTION 4 AND IS THE PARTY RESPONSIBLE FOR PAYMENT OF OREGON TIMBER TAXES.

WESTERN OREGON PRIVATE LAND OWNERS ONLY CHECK BOX IF ANY TIMBER TO BE HARVESTED UNDER THIS NOTIFICATION IS EXEMPT FROM WESTERN OREGON SEVERANCE TAX. IF CHECKED AND UNDER "SMALL TRACT OPTION" GIVE CERTIFICATION.

NO.

SECTION

1/4 SECTION

NE  NW  SW  SE

S  T  R

G

C.

P.

E.

10

5W

4

15

3,8

B

NW3

3

6N

5W

4

15

3,8

B

NW3

PLEASE CHECK 1/46 SECTIONS WHERE OPERATING

GOVERNMENT LOT NUMBER

EXPLAIN "OTHER" TYPE OF OPERATIONS

TIMBER SALE NAME AND NUMBER (OF ANY)

I CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DATE SIGNED

SIGNED

F.P.F. NO.

F.P.F. PHONE

TO BE COMPLETED BY THE OREGON DEPARTMENT OF FORESTRY

CLASS 1 WATERS( ) HIGH RISK AREA( ) CRITICAL WILDLIFE HABITAT( ) WATER RIGHT( ) PROTECTED HABITAT( ) COASTAL SHORELANDS.

DISTRICT

DISTRICT

SIGNATURE

SIGNATURE

ADAMS CREEK

FORM 820-2-1-101

OPERATOR COPY

LEON KRAMER

ADAMS CREEK

109

JAMES E. BROWN

STATE FORESTER