

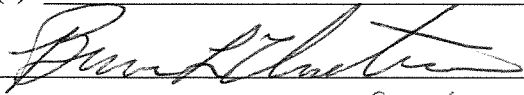
Request for Withdrawal of Adjudication Claim with
Filing Fees to be Refunded

Name of Claimant(s) Upper Columbia Corp. of Seventh Day Adventists

Mailing Address P.O. Box 19039 Spokane WA 99219-9039

Receipt No. N023452 + N023463 Amount \$70.00

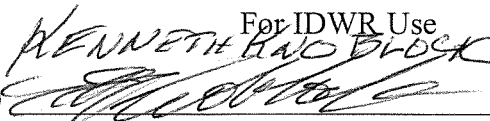
Claim No(s). 95-9502

Signature  Date 5/15/12

Reason for request: No beneficial use established at this time

Please send this form to:

Idaho Department of Water Resources
Northern Region
7600 Mineral Dr. Suite 100
Coeur d Alene, ID 83815

Approved by (Region)  Date 5/16/12

Approved by (State Office) _____ Date _____