

RECEIVED

MAR 22 2019

DEPT OF WATER RESOURCES
SOUTHERN REGIONSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

ASSIGNMENT OF PERMIT

To change the ownership of a permit

\$25 fee per permit

Received by Trish FawcettReceipt amt. \$ 2500Receipt no. 5035015Date 07/25/16

I, Camas Developers LLC, hereby assign to FMTZ Construction LLC
 of, PO Box 2259 Hailey ID 83333 208 481 0224
Current owner(s) New owner(s)
New owner's address including city, state and ZIP Phone

All my right, title, and interest in and to Permit No(s): 37-21294 to
 appropriate the public waters of the State of Idaho.

OR (for partial assignments)

The following described portion of my right, title, and interest in and to Permit Number(s):

DDA, to appropriate the public waters of the State of Idaho.

Describe in detail the portion of the permit assigned, listing the number of acres in each 40 acre subdivision, point of diversion location, and amount of the water in cubic feet per second.

91 CFS domestic use for 56 homes
POD is 10+4 BIK1 Camas Creek Subdivision
SWNW Sec 17 TS 01S Range 16E Camas County
SWNW Sec 17 TS 01S Range 16E Camas County

Does the new permit holder own the property at the:

Point of diversion? ☒ Yes ☐ No
 Place of use? ☒ Yes ☐ No

If no, describe the arrangement enabling the new owner to access the point of diversion and/or the place of use:

Dated this 14th day of MARCH, 2019.

CAMAS DEVELOPERS LLC
 Permit holder Title (if applicable)

[Signature]
 Permit holder Title (if applicable)
MANAGING MEMBER

State of ~~Idaho~~ CALIFORNIA)
)ss
 County of _____)

On this _____ day of MARCH, 2019, personally appeared before me the signer(s) of the above instrument, who duly acknowledged to me that he/she/they executed the same.

SEAL

Notary Public

My commission expires: _____

Processed by WM
 4/1/2019

see attached
acknowledgement

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of RIVERSIDE }

On 03/15/2019 before me, Jacqueline Montejano, Notary Public,
Date Here Insert Name and Title of the Officer

personally appeared DAVID D. ANDERSON
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person~~s~~ whose name~~s~~ is/are subscribed to the within instrument and acknowledged to me that he~~s~~/she~~y~~/they executed the same in his~~r~~/her~~r~~/their authorized capacity~~ies~~, and that by his~~r~~/her~~r~~/their signature~~s~~ on the instrument the person~~s~~, or the entity upon behalf of which the person~~s~~ acted, executed the instrument.



Place Notary Seal and/or Stamp Above

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature [Signature]
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: State of Idaho Department of Water Resources

Document Date: 03/14/2019 Assignment of Permit 1 Number of Pages: 1

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: DAVID D. ANDERSON Signer's Name: _____

☐ Corporate Officer – Title(s): _____ ☐ Corporate Officer – Title(s): _____

☐ Partner – ☐ Limited ☐ General ☐ Partner – ☐ Limited ☐ General

☒ Individual ☐ Attorney in Fact ☐ Individual ☒ Attorney in Fact

☐ Trustee ☐ Guardian of Conservator ☐ Trustee ☒ Guardian of Conservator

☐ Other: _____ ☐ Other: _____

Signer is Representing: _____ Signer is Representing: _____

No. W 29353		Due no later than Mar 31, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. CAMAS DEVELOPERS, LLC DAVID D ANDERSON 7103 N PENNCROSS WAY MERIDIAN ID 83646-8364 USA		DAVID D ANDERSON 7103 N PENNCROSS WAY MERIDIAN ID 83646-8364			
				3. New Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	DAVID D ANDERSON	7103 N PENNCROSS WAY	MERIDIAN	ID	USA	83646-8364	
5. Organized Under the Laws of: ID W 29353		6. Annual Report must be signed.* Signature: David D Anderson Name (type or print): David D Anderson Date: 04/21/2018 Title: Member					
Processed 04/21/2018		* Electronically provided signatures are accepted as original signatures.					



State of Idaho

DEPARTMENT OF WATER RESOURCES

Southern Region • 650 ADDISON AVE W STE 500 • TWIN FALLS, ID 83301-5858

Phone: (208)736-3033 • Fax: (208)736-3037 • Website: www.idwr.idaho.gov

Brad Little
Governor

Gary Spackman
Director

April 01, 2019

FMTZ CONSTRUCTION LLC
PO BOX 2259
HAILEY ID 83333-2259

RE: Assignment of Permit No: 37-21294

Dear Permit Holders:

The Department of Water Resources (Department) has received notice that you are the new owner of the above referenced Permits. The Department has modified its records and has enclosed a computer-generated report for you.

Please note, water right owners are required to report any change of water right ownership and any change of mailing address to the Department within 120 days of the change. Reporting forms are available from any office of the Department, or from the Department's website.

If you have any questions concerning the enclosed information, please contact me at (208) 736-3033.

Sincerely,

A handwritten signature in black ink, appearing to read 'William Mills'.

William Mills
Water Resource Agent, Senior

Enclosures