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JUL 30 2018

DEPT OF WATER RESOURCES
SALMON OFFICE

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY	
Amt. of Fee \$	50.00
Receipt No.	C105460
Received By	WED
Date Received	8/2/18

The Idaho Department of Water Resources considers this form a statement by the permit holder(s) that development of a water right has been completed and that water has been applied to beneficial use to the extent described below. **This form must be accompanied by an examination fee, when necessary, or by a completed Beneficial Use Field Report prepared by a certified water right examiner.** Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, contact any Department office or visit the Department's website at idwr.idaho.gov for an Assignment of Permit form. If you wish to relinquish your permit because you have not established the authorized use of the water and are not applying for an extension, please notify the Department in writing.

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AUG 02 2018

DEPARTMENT OF
WATER RESOURCES

- Permit No. 74-15988 Telephone No. _____
- Name of Permit Holder(s) E Dale Jolley
- Mailing Address 650 Lemhi Road City Salmon
State ID Zip 83467 Email _____
- Source of Water Geertson Creek If **GROUND WATER** (well), Date Drilled mo. _____ / yr _____
Well Driller _____ Drilling Permit Number _____

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WATER RESOURCES

- Extent of use(s) completed **as authorized by the water right permit:**
Domestic (No. of households) _____ Stockwater (No. and type of stock) 350 cattle
Irrigation (No. of acres) _____ Other _____
- Total rate of diversion or storage volume for which proof is submitted .2 cfs OR _____ acre-feet.
- Compliance with a measuring device requirement, lockable controlling device requirement, and/or other conditions of permit:
Refer to the approval conditions on your permit and respond accordingly.
The Department will not issue a license if permit conditions are not met.

Measuring Device	Is a measuring device required?	Yes ☐	No ☒
	If yes, has the measuring device been installed?	Yes ☐	No ☐
Lockable Controlling Device	Is a lockable device required to control the diversion?	Yes ☒	No ☒
	If yes, has the lockable device been installed?	Yes ☐	No ☐
Fish Screen	Is a fish screen required?	Yes ☐	No ☒
	If yes, has the fish screen been installed?	Yes ☐	No ☐

Other Conditions of Permit

Do the approval conditions on your permit require you to submit additional information in connection with your proof of beneficial use? If yes, list the conditions below and attach documents with the required information.

Completed? Yes ☐ No ☒

- Fee Enclosed \$ 50.00 or not applicable ☐. See fee schedule on page 2 of the instructions.
Proof statements filed without an appropriate fee, will be considered incomplete.
- Person to contact to accompany the Department representative during field examination of the water system.
Name BOYD STOKES Telephone Number 208-756-3923
Mailing Address 646 LEMHI ROAD City SALMON
State ID Zip 83467 Email _____

The information given on this form is my true statement of the extent to which the above numbered permit has been developed and water has been diverted and applied to a beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

Signature of Permit Holder E Dale Jolley / Boyd Stokes Date 7/23/2018
(Include your title, if on behalf of company or organization)

GENERAL POWER OF ATTORNEY

I, E. DALE JOLLEY, of Lemhi County, State of Idaho, designate and appoint BOYD AND BARBARA STOKES of Salmon, Lemhi County, State of Idaho, acting jointly as my attorneys in fact and agents (subsequently called "agent") to act in my name and for my benefit. I grant to my agent full power and authority to do everything necessary in exercising any of the powers herein granted as fully as I might or could do if personally present and fully competent, hereby ratifying and confirming all that my agent shall lawfully do or cause to be done by virtue of this power of attorney and the powers herein granted.

1. General Grant of Power.

My agent shall have power to exercise or perform any act, power, duty, right or obligation whatsoever that I now have or may hereafter acquire, relating to any person, matter, transaction or property, real or personal, tangible or intangible, now owned or hereafter acquired by me, including, without limitation, the powers specifically enumerated in this instrument. Generally, my agent shall have power to do and perform all matters, transact all business, and make, execute and acknowledge all contracts, orders, deeds, mortgages, leases, assignments, assurances, and instruments of every kind which may be requisite or proper to effectuate the purposes of this general power of attorney.

2. Revocability.

This power of attorney is revocable, provided, that insofar as any governmental agency, bank, trust company, insurance company, transfer agent, or other person shall rely upon this power, this power may be revoked only by a notice in writing executed by me or my agent and delivered to such person or institution.

IN WITNESS WHEREOF, I have executed this General Power of Attorney this 19 day of

June, 2007.

E. Dale Jolley
E. Dale Jolley

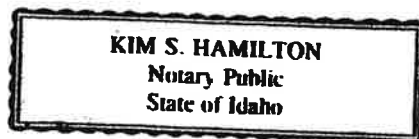
STATE OF IDAHO)

) ss.

County of Lemhi)

On this 19 day of JUNE, in the year 2007, before me, the undersigned Notary Public in and for said state, personally appeared E. DALE JOLLEY, known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.



Kim S. Hamilton

Notary Public for Idaho

Residing at SALMON IDAHO

My commission expires 03/09