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MAR 14 2016

DEPARTMENT OF
WATER RESOURCES

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. 5035302
Received By DM
Date Received 2-29-2016

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.

1. Permit No. 37-08916 Telephone No. (415) 722-6835

2. Name of Permit Holder(s) Tom R. Norris

3. Mailing Address 2351 Clay Street, Suite 510 City San Francisco
State CA Zip 94115 Email tnorris@tomnorris.com

4. Source of Water Big Wood River If **GROUND WATER** (well), Date Drilled mo. ____ / yr. ____
Well Driller _____ Drilling Permit Number _____

5. Extent of use(s) completed as authorized by the water right permit:
Domestic (No. of households) _____ Stockwater (No. and type of stock) NA
Irrigation (No. of acres) 0.44 Other Evaporation Mitigation (015-0.44=.06ac) As Under 37-22847

6. Total rate of diversion or storage volume for which proof is submitted _____ cfs OR 0.43 acre-feet

7. 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 ☒

8. Fee Enclosed \$ 50 or not applicable ☐. See fee schedule on page 2 of the instructions.

Proof statements filed without an appropriate fee, will be considered incomplete.

9. Person to contact to accompany the Department representative during field examination of the water system.

Name Charles E. Brockway Telephone Number (208) 736-8543
Mailing Address 2016 N. Washington St., Ste. 4 City Twin Falls
State ID Zip 83301 Email charles.e.brockway@brockwayeng.com

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 [Signature] Date 3/14/16
(Include your title, if on behalf of company or organization)

LIMITED POWER OF ATTORNEY

I, TOM R. NORRIS, M.D., designate and appoint BRUCE M. SMITH, of the City of Boise, County of Ada, State of Idaho, as my attorney-in-fact and agent (subsequently called "agent") to act in my name and for my benefit, before the Idaho Department of Water Resources. Mr. Smith shall have the authority to sign any and all documents pertaining to myself before the Idaho Department of Water Resources.

IN WITNESS WHEREOF, I have executed this Limited Power of Attorney this 23 day of September, 2013.

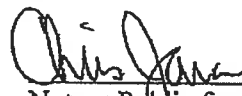

TOM R. NORRIS, M.D.

STATE OF CALIFORNIA)
) ss.
County of San Francisco)

On this 25 day of September, 2013, before me, the undersigned, a Notary Public in and for the state, personally appeared TOM R. NORRIS, M.D., known to me to be the person whose name is subscribed to the within Limited Power of Attorney and acknowledged to me that 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 on the date first above written.




Notary Public for California
Residing at San Francisco, CA
My commission expires: 12/15/2015