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DEPARTMENT OF
WATER RESOURCES
IDWR / NORTH

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. 1031437
Receipt By: _____
Date Received: 8-11-2015

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, please contact any Department office or visit the Department's website at: www.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.

- Permit No.: 95-12307 Telephone No.: 208-772-2745
- Name of Permit Holder(s): Lee's Point Water Association
- Mailing Address: 820 Post St. #504 City: Spokane
State: WA Zip: 99201 Email: cindyespe@hotmail.com
- Source of Water: well If **GROUND WATER** (well), Date Drilled: mo. 8 / yr. 1991
Well Driller: H2O well Drilling Permit Number: 95-91-N-120
- Extent of use(s) completed (as authorized by the water right permit):
Domestic (No. of households): 9 (2 stub-ins) Stockwater (No. and type of stock): _____
Irrigation (No. of acres): _____ Other: _____
- Total rate of diversion or storage volume for which proof is submitted: 0.14 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 ☐

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.

N/A

Completed?

Yes ☐ No ☐

- Fee Enclosed: \$ 50 See fee schedule on back of the instructions for filing proof of beneficial use. Proofs 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: ATS INC (Cindy) Telephone Number: 208-772-2745
Mailing Address: PO Box 3457 City: Hayden
State: ID Zip: 83835 Email: cindyespe@hotmail.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: _____

(Include your title, if on behalf of company or organization)

Date: 8/18/2015

Mail to: Idaho Department of Water Resources, PO Box 83720, Boise, ID 83720-0098

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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.:	2031437
Receipt By:	Jm
Date Received:	08-11-15

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, please contact any Department office or visit the Department's website at: www.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.

- Permit No.: 95-12307 Telephone No.: 208-772-2745
- Name of Permit Holder(s): Lee's Point Water Association
- Mailing Address: 820 Post St. #504 City: Spokane
State: WA Zip: 99201 Email: cindyespe@hotmail.com
- Source of Water: Well If **GROUND WATER** (well), Date Drilled: mo. 8 / yr. 1991
Well Driller: H2O Well Drilling Permit Number: 95-91-N-120
- Extent of use(s) completed (as authorized by the water right permit):
Domestic (No. of households): 79 @ (2 stub-ins) Stockwater (No. and type of stock): —
Irrigation (No. of acres): — Other: —
- Total rate of diversion or storage volume for which proof is submitted: 0.14 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 ☒
Yes ☐	No ☐

If yes, has the measuring device been installed?

Lockable Controlling Device: Is a lockable device required to control the diversion?

Yes ☐	No ☒
Yes ☐	No ☐

If yes, has the lockable device been installed?

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.

N/A

Completed?

Yes ☐	No ☐
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- Fee Enclosed: \$ 50.00 See fee schedule on back of the instructions for filing proof of beneficial use. Proofs 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: ATS, INC (Cindy) Telephone Number: 208-772-2745Mailing Address: PO Box 3457 City: HaydenState: ID Zip: 83835 Email: cindyespe@hotmail.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:

Cindy Espe for Don Corbett
(Include your title, if on behalf of company or organization)

Date:

7-28-2015

Mail to: Idaho Department of Water Resources, PO Box 83720, Boise, ID 83720-0098

Requested new version signed by person having the authority to sign on behalf of Lee's Point Water Assn. Received new version on 8/24/2015. (DOB)

No. C 98985	Reinstatement Annual Report Form ADMIN DISSOLVED 09/23/2014		2. Registered Agent and Office (NOT A P.O. BOX)																												
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. LEE'S POINT WATER ASSOCIATION, INC. DONALD B CANADAY 820 N POST #504 SPOKANE WA 99201		DONALD B. CANADAY SOUTH HAYDEN LAKE RD HAYDEN LAKE ID 83835																												
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> Registered Agent Signature.																												
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Treasurer</td> <td>Terry Mason</td> <td>1684 Nesqually</td> <td>Post Falls</td> <td>ID</td> <td></td> <td>83854</td> </tr> <tr> <td>Secretary</td> <td>Myron Pflugrad</td> <td>8112 Lees Pt.</td> <td>Hayden Lake</td> <td>ID</td> <td></td> <td>83835</td> </tr> <tr> <td>President</td> <td>Donald B Canaday</td> <td>820 N Post #504</td> <td>SpoKane,</td> <td>WA</td> <td></td> <td>99201</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Treasurer	Terry Mason	1684 Nesqually	Post Falls	ID		83854	Secretary	Myron Pflugrad	8112 Lees Pt.	Hayden Lake	ID		83835	President	Donald B Canaday	820 N Post #504	SpoKane,	WA		99201
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President	Donald B Canaday	820 N Post #504	SpoKane,	WA		99201																									
5. Organized Under the Laws of: IDAHO C 98985	6. Signature:  Date: <u>12/29/2014</u> Name (type or print): <u>DON CANADAY</u> Title: <u>President</u>																														
Issued 12/30/2014 by online																															

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

State of Idaho

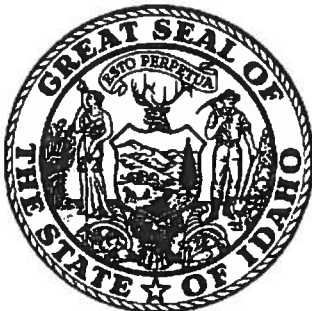
Office of the Secretary of State

CORPORATION REINSTATEMENT CERTIFICATE

I, BEN YSURSA, Secretary of State of the State of Idaho, do hereby certify that **LEE'S POINT WATER ASSOCIATION, INC.** , file number C 98985 , a non-profit corporation organized under the laws of the State of Idaho, was administratively dissolved on September 23, 2014, for failure to file the required annual report form by the date due.

I FURTHER CERTIFY That the non-profit corporation has on January 2, 2015, been reinstated on the records of this office, and that its corporate powers or its right to do business in the State of Idaho are hereby restored.

Dated: January 2, 2015



Ben Yursa
SECRETARY OF STATE

By *[Signature]*

217

**APPLICATION FOR REINSTATEMENT**

To the SECRETARY OF STATE, STATE OF IDAHO

2015 JAN -2 AM 9:25
SECRETARY OF STATE
STATE OF IDAHO

1. The name of the Idaho corporation applying for reinstatement following administrative dissolution or forfeiture, if available, is:

LEE'S POINT WATER ASSOCIATION, INC.

2. The date of its Incorporation was: June 29, 1992

3. The corporation hereby applies for reinstatement. If the entity name is unavailable, a certificate of amendment for a name change must be attached.

Signature:

A handwritten signature in cursive script, appearing to read "Dan Gentry".

Title:

President

Date:

12/29/2014

(must be signed by a chairman of the board of directors or officer of the corporation)

IDAHO SECRETARY OF STATE
Secretary of State use only
01/02/2015 05:00
CK:6673 CT:304720 BH:1455369
1@ 30.00 = 30.00 CORP REINS #2