

RECEIVED

JUL 17 2015

DEPARTMENT OF
WATER RESOURCESSTATE 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: 100781
Receipt By: J. Strange
Date Received: 7-19-15

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.

1. Permit No.: 82-12253 Telephone No.: 760-382-2347
2. Name of Permit Holder(s): John L. Miller
3. Mailing Address: 296 Battle Ridge Rd City: Kooski
State: ID Zip: 83552 Email: NA
4. Source of Water: Spring 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): 1 Stockwater (No. and type of stock): NA
Irrigation (No. of acres): 1/2 Other: _____
6. Total rate of diversion or storage volume for which proof is submitted: .04 cfs OR 1/2 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?

If yes, has the measuring device been installed?

Yes ☐	No ☒
Yes ☐	No ☒

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

If yes, has the lockable device been installed?

Yes ☐	No ☒
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.

NA Completed? Yes ☐ No ☒

8. 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.
9. Person to contact to accompany the Department representative during field examination of the water system.
Name: Joleen Waid Telephone Number: 760-382-2347
Mailing Address: 4624 W. WARD City: Ridgecrest
State: CA Zip: 93555 Email: jole277@mchsi.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: John L. Miller Date: 7/13/2015
Administrator of Estate Joleen Waid
(Include your title, if on behalf of company or organization)

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

APR 15 2015

KATHY M. ACKERMAN
CLERK OF DISTRICT COURT
SHERIE CLARK DEPUTY

J. A. WRIGHT
ATTORNEY AT LAW

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Attorney for Administrator

IN THE DISTRICT COURT OF THE SECOND JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF IDAHO

IN THE MATTER OF THE ESTATE OF

JOHN L. MILLER,

Deceased.

Case No.

CV 43954

LETTERS OF ADMINISTRATION

TAKE NOTICE THAT:

1. JOLEEN WAID was duly appointed and qualified as Administrator in Intestacy of the estate of the above-named decedent on the 15th day of April, 2015, with all authority pertaining thereto, to act without bond.
2. Administration of the estate is unsupervised.
3. These letters are issued to evidence the appointment, qualification and authority of said administrator.

WITNESS: The undersigned Magistrate Judge of the District Court, County of Idaho, State of Idaho, with the seal of the Court affixed this 15th day of April, 2015.

JEFF P. PAYNE

HON. JEFF P. PAYNE
Magistrate Judge

ACCEPTANCE OF APPOINTMENT

STATE OF IDAHO)

:SS.

County of Idaho)

I, JOLEEN WAID, hereby accept the appointment to the office of Administrator in Intestacy of the Estate of John L. Miller, deceased, and do solemnly swear that I will perform, according to law, the duties of administrator in administration of said estate.

Joleen Waid

JOLEEN WAID

SUBSCRIBED AND SWORN to before me this 15 day of April, 2015.



[Signature]
Notary Public, in and for the state of Idaho

Residing at : Coalgate, ID

My Commission Expires: 4/20/16



I, Kathy M. Ackerman, Clerk of the above entitled Court do hereby certify the foregoing to be a true and correct copy of the original instrument on file in my office

WITNESS my hand and official seal this 16th
Day of April, 2015

Kathy M. Ackerman Clerk

By [Signature] Deputy