

RECEIVED

JUL 10 2014

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 \$: 150.00 Receipt No. C099154 Receipt By: CJ Date Received: 7/10/14

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.

1. Permit No.: 15-7320 Telephone No.: 208-766-3152

2. Name of Permit Holder(s): Flinders Samarra Ranch LLC

3. Mailing Address: 4889 S. 4400 W. City: Malad State: Id Zip: 83252 Email:

4. Source of Water: Ground Water If GROUND WATER (well), Date Drilled: mo. 11 / yr. 2002 Well Driller: Mountain West Drilling Permit Number: 788856

5. Extent of use(s) completed (as authorized by the water right permit): Domestic (No. of households): Stockwater (No. and type of stock): Irrigation (No. of acres): 102 Other:

6. Total rate of diversion or storage volume for which proof is submitted: 2 cfs OR 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 X If yes, has the measuring device been installed? Yes No X

Lockable Controlling Device: Is a lockable device required to control the diversion? Yes No X If yes, has the lockable device been installed? Yes No X

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 X

8. Fee Enclosed: \$150 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: Josh Paskett Telephone Number: 208-766-3152

Mailing Address: 4889 S. 4400 W. City: Malad

State: Id Zip: 83252 Email: Spade 737 @ Gmail.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: 6-30-14 (Include your title, if on behalf of company or organization)

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