

\$25 fee per permit

Received by JAReceipt amt. \$ 25.00Receipt no. W041550Date 10/2/13STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

ASSIGNMENT OF PERMIT

To change the ownership of a permit

RECEIVE

OCT 02 2013

I, HARVEY HOLTON, hereby assign to ARCHIE YAMAMOTO
Current owner(s) New owner(s)
 of 8434 HWY 20-26 Nampa ID. 83687 208-466-7192
New owner's address including city, state and ZIP Phone

All my right, title, and interest in and to Permit No(s).: 63-11632 to appropriate the public waters of the State of Idaho.

OR (for partial assignments)

The following described portion of my right, title, and interest in and to Permit Number(s).:

_____, to appropriate the public waters of the State of Idaho.

Describe in detail the portion of the permit assigned, listing the number of acres in each 40 acre subdivision, point of diversion location, and amount of the water in cubic feet per second.

Does the new permit holder own the property at the:

Point of diversion? ☒ Yes ☐ No
 Place of use? ☒ Yes ☐ No

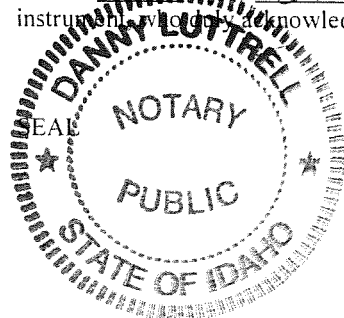
If no, describe the arrangement enabling the new owner to access the point of diversion and/or the place of use:

Dated this 30 day of SEPT., 2013.

Harvey Holt BY P.O.A. Juan Holt
 Permit holder Title (if applicable) Permit holder Title (if applicable)

State of Idaho)
 County of CANTON)ss

On this 30th day of SEPTEMBER, 2013, personally appeared before me the signer(s) of the above instrument, who acknowledged to me that he/she/they executed the same.



Notary Public

My commission expires: 5/10/2016

RESIDES: BOISE, IDAHO

RECORDING REQUESTED BY

Bailey Law Group, P.C.
504 11th Avenue South
Nampa, Idaho 83651

AND WHEN RECORDED MAIL TO

Bailey Law Group, P.C.
504 11th Avenue South
Nampa, Idaho 83651

Immediate General Durable Power of Attorney of Harvey L. Holton

I, Harvey L. Holton, also known as Harvey Holton, of Nampa, Idaho, social security number [REDACTED], am creating a durable power of attorney under the laws of the State of Idaho. I hereby revoke all Powers of Attorney previously granted by me as Principal and terminate all Agency relationships created by me except:

Powers granted by me under any Healthcare Power of Attorney;

Powers granted by me on forms provided by financial institutions granting the right to write checks on, deposit funds to and withdraw funds from accounts to which I am a signatory; and

Powers granting access to a safe deposit box.

MY ATTORNEY-IN-FACT MAY NOT EXERCISE THE AUTHORITY GRANTED UNDER THIS POWER OF ATTORNEY UNTIL THE EVENTS DESCRIBED IN ARTICLE TWO HAVE OCCURRED.

Article One Appointment of Attorney-in-Fact

Section 1.01 Initial Attorney-in-Fact

I appoint **IVAN HOLTON** to serve as my Attorney-in-Fact.

Section 1.02 Successor Attorney-in-Fact

If Ivan Holton fails to serve, I appoint the following persons to serve as successor Attorney-in-Fact, in the order named:

SUSAN LEA TILSON, First Alternate

FAYE ELAINE HOLTON, Second Alternate

Immediate General Durable Power of Attorney of Harvey L. Holton

Page 1

BAILEY LAW GROUP, P.C., 504 11TH AVENUE SOUTH, NAMPA, IDAHO 83651 | (208) 466-5250

referred to collectively as "photocopy") of this power of attorney and each photocopy will have the same force and effect as the original.

Section 7.15 Governing Law

This power of attorney's validity and interpretation will be governed by the laws of the State of Idaho. To the extent permitted by law, this power of attorney is applicable to all my property, whether real, personal, intangible or mixed, wherever located, and whether or not the property is owned by me now or in the future.

Section 7.16 Severability

If any provision of this power of attorney is declared invalid for any reason, the remaining provisions will remain in full force and effect.

Article Eight Declarations of the Principal

I understand that this power of attorney is an important legal document. Before executing this power of attorney, my attorney explained to me the following:

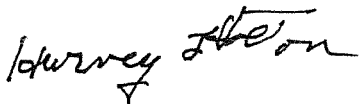
The power of attorney provides my Attorney-in-Fact with broad powers to dispose of, sell, convey and encumber my real and personal property.

The powers will exist for an indefinite period of time unless I revoke the power of attorney or I have limited their duration by specific provisions in the power of attorney.

This Durable Power of Attorney will continue to exist notwithstanding my subsequent disability or incapacity.

I have the power to revoke or terminate this Durable Power of Attorney at any time.

Dated: October 26, 2007



Harvey L. Holton, Principal

STATE OF IDAHO

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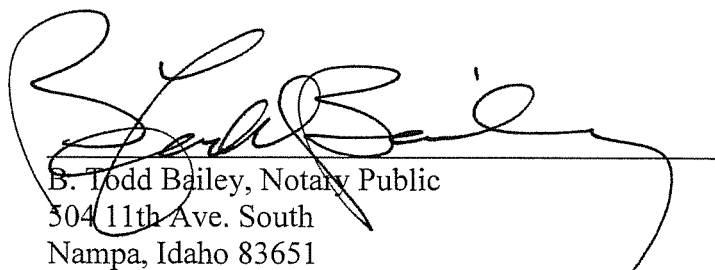
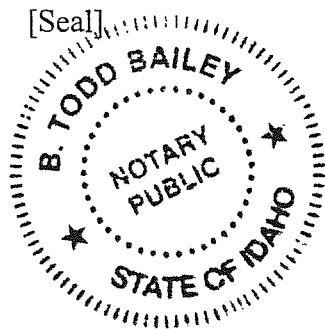
) ss.

COUNTY OF CANYON

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On this day, October 27, 2007, before me personally appeared Harvey L. Holton, as Principal, personally known to me (or proved to me on the basis of satisfactory evidence) to be the individual whose name is subscribed to the foregoing Durable Power of Attorney, and acknowledged that he executed the same as his voluntary act and deed for the purposes therein contained.

Witness my hand and official seal.



B. Todd Bailey, Notary Public
304 11th Ave. South
Nampa, Idaho 83651
My commission expires: 5-16-2012