

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

REQUEST FOR EXTENSION OF TIME NOV 20 2012
TO PROVIDE ADDITIONAL TIME IN WHICH TO SUBMIT PROOF OF BENEFICIAL USE FOR A WATER RIGHT PERMIT DEPARTMENT OF WATER RESOURCES

The Idaho Department of Water Resources will consider this form as a request that the permit holder(s) be granted an additional period of time under the provisions of Section 42-204, Idaho Code in which to complete development of a water right and file proof of beneficial use of water. There is a **FILING FEE** of \$50.00 to be included with this form when filed with IDWR.

Permit No. 63-12161 Date Proof is Due: _____
Name(s) of Permit Holder: Robert L. Greenfield
Address: 17589 Lower Pleasant Ridge City Caldwell State Id Zip 83607
Telephone No. 208-459-9720 Email: _____

Describe what work has been completed toward the development of this water right:
(This must be filled out! If no work has been completed, show "none".)

none

Costing \$ _____

The permit holder(s) has been unable to complete the remainder of the work for the following reasons:

Lack of financial resources

Permit holder(s) request an extension to 12/31, 20 13.

Robert L. Greenfield
(Signature) If other than permit holder, Power of Attorney must be supplied.

11/16/12
(Date)

ACTION OF THE DEPARTMENT OF WATER RESOURCES

IT IS HEREBY ORDERED that the above request for extension of time be
APPROVED and the permit **REINSTATED** with the priority advanced to January 5, 1995.
IT IS **FURTHER ORDERED** that the time within which to submit proof of beneficial use
is extended to October 1, 2013.

Signed this 27th day of November, 20 12.

Jeff Peppersack
Jeff Peppersack, Chief
Water Allocation Bureau



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 East Front Street • P.O. Box 83720 • Boise, Idaho 83720-0098

Phone: (208) 287-4800 • Fax: (208) 287-6700 • Website: www.idwr.idaho.gov

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

October 9, 2012

RECEIVED

NOV 15 2012

VERNON D GREENFIELD
17585 LOWER PLEASANT RIDGE RD
CALDWELL ID 83607-9233

DEPARTMENT OF
WATER RESOURCES

LAPSE NOTICE

RE: PERMIT NO. 63-12161

IMPORTANT: This permit has lapsed because no written response was received from you by the IDWR. Development and/or use must cease.

Dear Permit Holder:

You are hereby notified that under the provisions of Section 42-218A, Idaho Code, the above referenced permit has lapsed and is of no further force nor effect. The department provided the proper forms to you in the proof due notice dated July 31, 2012. No further construction or additional development is authorized under this permit.

If water was put to beneficial use prior to the date proof of beneficial use was due, you may file proof now, or if you or a previous owner of this permit have not received a prior extension of time, you may request an extension of time if the delay is for reasonable cause as provided in Section 42-204, Idaho Code. You may also request an extension of time if you have been delayed by a federal agency, or by litigation that brings title to the water in question.

Either an acceptable proof, or an acceptable extension request must be received by this Department within sixty (60) days of the mailing of this lapse notice in order to reinstate this permit.

Please contact Darla Block at 208-287-4945, if you need additional assistance.

Sincerely,

Jeff Peppersack, Chief
Water Allocation Bureau

*I request an extension for the
drilling of this well, please*

John Spald



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 DEC -4 AM 8:14

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Foresite, LLC

2. The complete street and mailing addresses of the initial designated/principal office:

17585 Lower Pleasant Ridge Road, Caldwell, Idaho 83607

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Robert L. Greenfield, Member

(Name)

17585 Lower Pleasant Ridge Road, Caldwell, Idaho 83607

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Robert L. Greenfield

17585 Lower Pleasant Ridge Road, Caldwell, ID 83607

Richard C. Greenfield

1614 Water St. SW. Olympia. WA 98501

Glenda Gay Bayley

4150 Inverness. Post Falls, ID 83854

Trust A of The Vernon & Arlene Greenfield Family
Trust. U/T/A dated 12/16/93. as restated on 7/12/05

17585 Lower Pleasant Ridge Road, Caldwell, ID 83607

5. Mailing address for future correspondence (annual report notices):

17585 Lower Pleasant Ridge Road, Caldwell, ID 83607

6. Future effective date of filing (optional): January 1, 2010

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature *Robert L. Greenfield*

Typed Name: Robert L. Greenfield

Signature _____

Typed Name: _____

Secretary of State use only

IDAHO SECRETARY OF STATE
12/04/2009 05:00
CK: 16271 CT: 84162 DH: 1197823
1 @ 100.00 = 100.00 ORGAN LLC # 2

W88734

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

INSTRUMENT NO.
2608067537
200711012

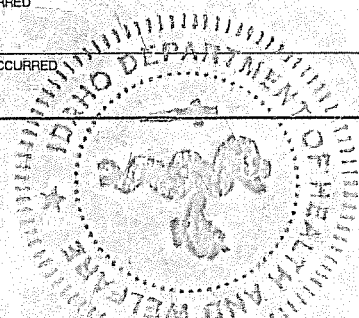
STATE OF IDAHO
DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

CERTIFICATE OF DEATH

Date Filed SEPTEMBER 15, 2008

State File No. 2008-07415

DECEDENT - LEGAL NAME VERNON D. GREENFIELD			
SEX MALE	SOCIAL SECURITY NUMBER ~~██████████~~	AGE 94 YEARS	DATE OF BIRTH DECEMBER 10, 1913
BIRTHPLACE CALDWELL, IDAHO		PLACE OF RESIDENCE CALDWELL, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) ARLENE GRIFFITHS	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME CHARLES C. GREENFIELD			BIRTHPLACE INDIANA
MOTHER - MAIDEN NAME CELIA MCCULLOUGH			BIRTHPLACE INDIANA
METHOD OF DISPOSITION ENTOMBMENT		FUNERAL SERVICE LICENSEE ALAN C. KERRICK	
NAME AND ADDRESS OF FUNERAL FACILITY DAKAN FUNERAL CHAPEL, CALDWELL, IDAHO			
DATE OF DEATH SEPT. 07, 2008	TIME OF DEATH 2:00 A.M.	CITY, TOWN OR LOCATION OF DEATH CALDWELL, IDAHO	COUNTY OF DEATH CANYON
CAUSE OF DEATH (underlying cause last) a. DEMENTIA			Approximate Interval Between Onset and Death > 5 YEARS
DUE TO (or as a consequence of): b. OSTEOARTHRITIS			> 5 YEARS
DUE TO (or as a consequence of): c. _____			
DUE TO (or as a consequence of): d. _____			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE STATED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER JAMES W. GARDNER, M.D.		TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

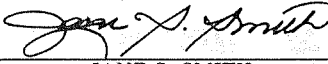


This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

SEPTEMBER 16, 2008

DATE ISSUED: _____

This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar.


JANE S. SMITH
STATE REGISTRAR

