

STATE OF IDAHO
WATER RESOURCE BOARD

RECEIVED
OCT 17 2012
DEPARTMENT OF
WATER RESOURCES

**WATER SUPPLY BANK
REQUEST TO RELEASE OR LEASE TERM EXTENSION FORM**

This form is a statement that the lessor requests a change in the status of a Water Supply Bank ("Bank") lease for the water right identified below. A water right will remain in the Bank for the accepted lease period unless released earlier by the Water Resource Board or until the lessor submits a request in writing to the Department of Water Resources to release the right from the Bank. If a water right is currently rented, the portion of the right being rented must remain in the Bank for the duration of the rental agreement.

Water Right No: 35-14088 Telephone No: (208)226-5551
Name(s) of Lessor: LANCE FUNK and/or LISA FUNK
Mailing Address: PO BOX 310
City: American Falls State: Idaho Zip: 83211
Email: _____

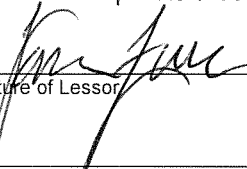
REQUEST TO RELEASE A WATER RIGHT FROM THE BANK:

Requested Release Date: 12/31/2012

Release all or part of the leased portion of the water right: All ☒ Part ☐

NOTE: If releasing only part of the leased portion, please attach a clear description of the portion to remain in the Bank.

The lessor requests that the above water right be released from the Bank on the date referenced above.

 _____ Signature of Lessor	<u>Lance Funk</u> _____ Printed Name and Title*	<u>10-12-12</u> _____ Date
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_____ Signature of Lessor	_____ Printed Name and Title*	_____ Date
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*Please provide title of signatory if signing on behalf of a company or organization or with power of attorney

REQUEST TO EXTEND THE TERM OF LEASE:

Current Expiration Date: _____

Requested Expiration Date: _____

Extend lease term for all or part of the leased portion of the water right: All ☐ Part ☐

NOTE: If extending the lease term for only part of the leased portion, please attach a clear description of the portion to remain in the Bank.

The lessor requests that the above water right remain in the Bank through the date referenced above.

_____ Signature of Lessor	_____ Printed Name and Title*	_____ Date
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_____ Signature of Lessor	_____ Printed Name and Title*	_____ Date
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*Please provide title of signatory if signing on behalf of a company or organization or with power of attorney

Mail to: Idaho Department of Water Resources, P.O. Box 83720, Boise, ID 83720-0098