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FEB 05 2009

DEPARTMENT OF
WATER RESOURCES

Matt,

Sorry I took so long,
here are the papers you

Requested. If you have

any questions, call me

at 208-305-1590.

Thank you,

Fred Snyder

10/08

RECEIVED

FEB 05 2009

DEPARTMENT OF WATER RESOURCES
STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

For Office Use Only

[\$25 fee per permit]

Receipt Amt \$ 25 -

Receipt # 087990

Date 2-4-09

ASSIGNMENT OF PERMIT

To change the ownership of a permit

I, Ronald Hall, hereby assign to Eagles Pointe Development
of, 7293 Flyby Drive, Lewiston, ID 83501 (208) 746-2828
(Full address including city, state and ZIP) (Phone)

All my right, title, and interest in and to Permit No(s). 8507645
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

No(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.)

Made this 27th day of January, 2009.

Ronald A. Hall

Permit Holder(s)

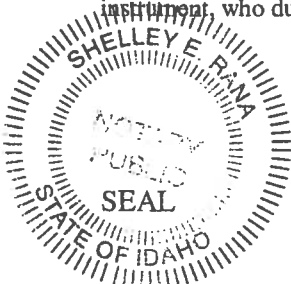
Title (if applicable)

Permit Holder(s)

State of Idaho)

County of Nez Perce)ss

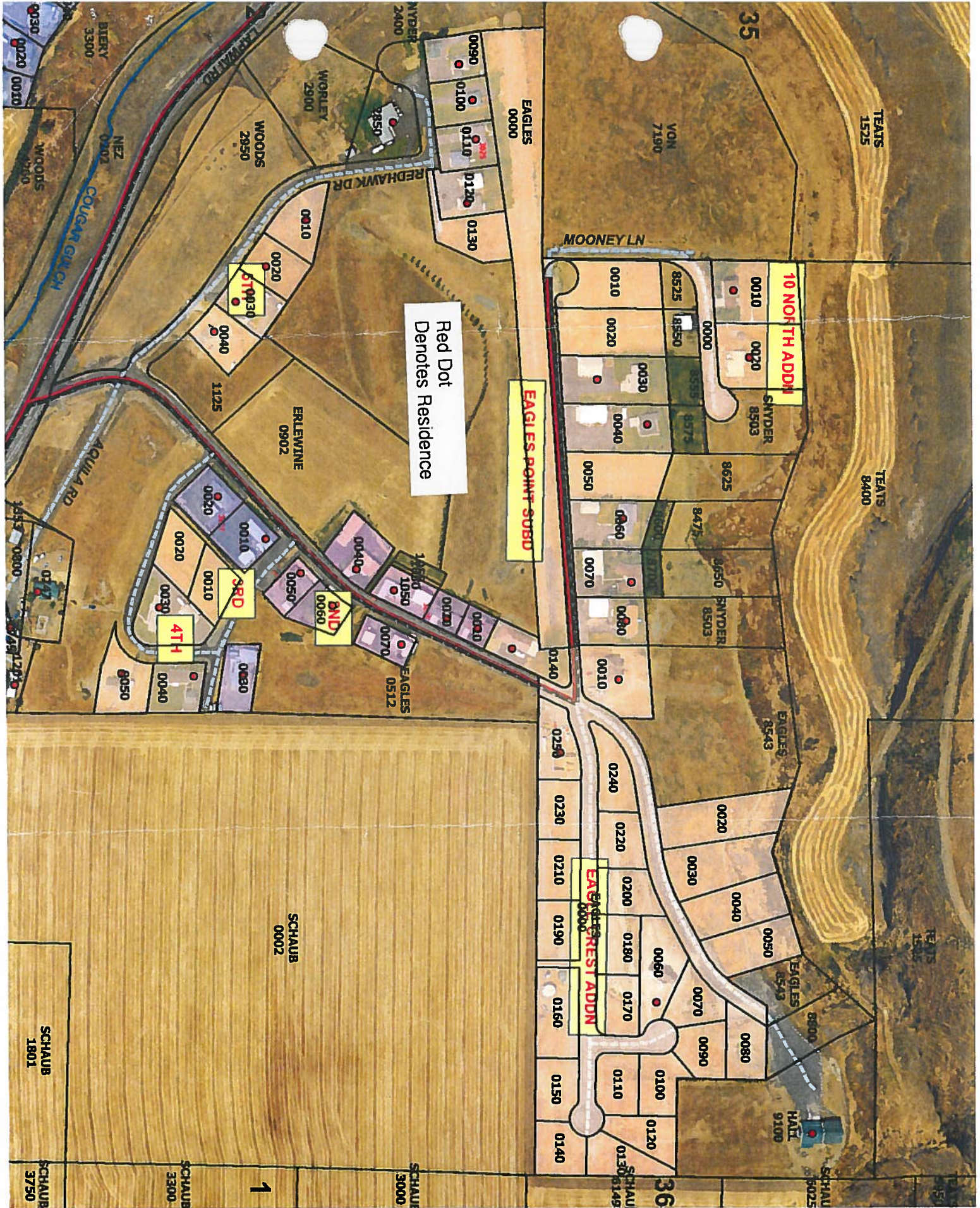
On this 27th day of January, 2009, personally appeared before me the signer(s) of the above instrument, who duly acknowledged to me that he/she/they executed the same.



Shelley E. Rana
Notary Public residing at Lewiston, Idaho

My commission expires:

5-27-2010



Red Dot
Denotes Residence

10 NORTH ADDN

EAGLES POINT SUBD

EAGLES CREST ADDN

Idaho Department of Water Resources Receipt

Receipt ID: C087990

Payment Amount	\$25.00	Date Received	2/5/09 10:21	Region	STATE
Payment Type	Check	Check Number	1310		
Payer	EAGLE POINTE DEVELOPMENT CORPORATION				

Comments Assignment of Water Permit #8507645

Fee Details

Amount	Description	Fund	Fund Detail	PCA	Subobject
\$25.00	ASSIGNMENTS	0229	21	56103	1155

SR7

Signature Line (Department Representative)