

10/09

RECEIVED

DEC 30 2010

DEPT. OF WATER RESOURCES
SOUTHERN REGION

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

ASSIGNMENT OF PERMIT *Application*

To change the ownership of a ~~permit~~ *Application*

~~\$25 fee per permit~~

For Office Use Only

Receipt Amt \$ _____

Receipt No. _____

Date _____

I, George Kirk for Sun Valley Ranch, LLC, hereby assign to Heart Rock Ranch, LLC
Current Owner(s) New Owner(s)
of, 196 Albion Ave., Woodside, CA 94602 (650) 851-0993
Full address including city, state and ZIP Phone

All my right, title, and interest in and to Permit No(s). 37-22459 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: _____

Made this 29 day of December, 2010.

Signature of Permit Holder

Title (if applicable)

Signature of Permit Holder

Title (if applicable)

State of Idaho)

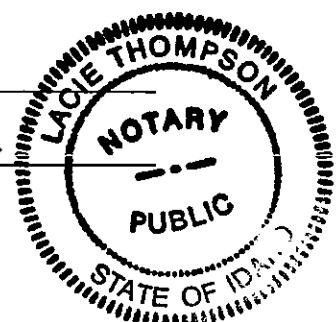
County of Blaine)ss

On this 29th day of December, 2010, personally appeared before me the signer(s) of the above instrument, who duly acknowledged to me that he/she/they executed the same.

SEAL

Lacie Thompson
Notary Public

My commission expires: 1/28/2014





CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

10 NOV 30 AM 10:32

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Heart Rock Ranch, LLC

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

196 Albion Avenue, Woodside, CA 94062

(Street Address)

(Mailing Address, if different than street address)

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

Fritz X. Haemmerle

(Name)

400 S. Main St., Suite 102, Halley, ID 83333

(Street Address)

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

Name

Address

The Shirley and Harry R. Hagey

196 Albion Avenue, Woodside, CA 94062

Community Property Trust dated

January 14, 1994, and as Amended

and Restated (MEMBER)

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

196 Albion Avenue, Woodside, CA 94062

6. Future effective date of filing (optional):

Signature of a manager, member or authorized person.

Signature

Typed Name: Harry Hagey, Trustee of Member Trust

Signature

Typed Name:

Secretary of State use only

IDAHO SECRETARY OF STATE
11/30/2010 05:00
CK: 1595 CT: 253145 IN: 1248875
1 @ 100.00 = 100.00 ORGAN LLC # 2
1 @ 20.00 = 20.00 EXPEDITE C # 3

W98265