

STATE OF IDAHO
WATER RESOURCE BOARD

RECEIVED

JAN 10 2011

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: 35-7686A (Part) Telephone No: (208) 243-5478
Name(s) of Lessor: Kevin Lynn Burgemeister
Mailing Address: 2402 Quigley Road (New Address)
City: American Falls State: Idaho Zip: 83211
Email: Kevin.burgemeister@driscollbros.com

REQUEST TO RELEASE A WATER RIGHT FROM THE BANK:

Requested Release Date: JAN. 7, 2011

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.

Kevin Burgemeister Kevin Burgemeister (owner) 1-7-2011
Signature of Lessor Printed Name and Title* Date

Signature of Lessor Printed Name and Title* Date

*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: N/A

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

Signature of Lessor Printed Name and Title* Date

*Please provide title of signatory if signing on behalf of a company or organization or with power of attorney