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JUN 14 2010

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
STATEMENT OF COMPLETION
FOR SUBMITTING PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY

Amt. of Fee \$: 100
Receipt No. 5035891
Receipt By: DK
Date Received: 6-10-10

The Idaho Department of Water Resources considers this form a statement by the permit holder(s) that development of a water right has been completed and that water has been applied to beneficial use to the extent described below. This form must be accompanied by an examination fee, when necessary, or by a completed Beneficial Use Field Report prepared by a certified water right examiner. Please refer to the instructions and fee schedule for this form. If ownership of the permit has changed, please contact any Department office or visit the Department's website at: www.idwr.idaho.gov for an Assignment of Permit form. If you wish to relinquish your permit because you have not established the authorized use of the water and are not applying for an extension, please notify the Department in writing.

1. Permit No.: 22-13421 Telephone No.: (208)354-9660

2. Name of Permit Holder(s): HUNTSMAN SPRINGS INC

3. Mailing Address: 97 N HWY 93 City: DRIGGS

State: ID Zip: 83422 Email: _____

4. Source of Water: SPRINGS If **GROUND WATER** (well), Date Drilled: mo. _____ / yr. _____

Well Driller: _____ Drilling Permit Number: _____

5. Extent of use(s) completed (as authorized by the water right permit):

Domestic (No. of households): _____ Stockwater (No. and type of stock): _____

Irrigation (No. of acres): _____ Other: WILDLIFE STORAGE, RECREATION STORAGE

6. Total rate of diversion or storage volume for which proof is submitted: _____ cfs OR 21.5 acre-feet.

7. Compliance with a measuring device requirement, lockable controlling device requirement, and/or other conditions of permit: Refer to the approval conditions on your permit and respond accordingly. The Department will not issue a license if permit conditions are not met.

Measuring Device: Is a measuring device required?

Yes ☐ No ☒

If yes, has the measuring device been installed?

Yes ☐ No ☐

Lockable Controlling Device: Is a lockable device required to control the diversion?

Yes ☐ No ☒

If yes, has the lockable device been installed?

Yes ☐ No ☐

Other Conditions of Permit: Do the approval conditions on your permit require you to submit additional information in connection with your proof of beneficial use? If yes, list the conditions below and attach documents with the required information.

Completed? Yes ☐ No ☒

8. Fee Enclosed: \$ 100 See fee schedule on back of the instructions for filing proof of beneficial use.

Proofs filed without an appropriate fee, will be considered incomplete.

9. Person to contact to accompany the Department representative during field examination of the water system.

Name: YOUNG HARVEY WALKER Telephone Number: 208-520-7880

Mailing Address: 501 Huntsman Springs DR City: Driggs

State: Id Zip: 83422 Email: WHY@ATCNET.NET

The information given on this form is my true statement of the extent to which the above numbered permit has been developed and water has been diverted and applied to a beneficial use. I understand that any undeveloped portion of the permit is relinquished to the State of Idaho.

Signature of permit holder: [Signature] P.O.A. Date: 6-10-10
(Include your title, if on behalf of company or organization)

Mail to: Idaho Department of Water Resources, PO Box 83720, Boise, ID 83720-0098

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JUN 10 2010

Department of Water Resources
Eastern Region

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DEPARTMENT OF WATER RESOURCES

LIMITED POWER OF ATTORNEY

HUNTSMAN SPRINGS, INC, DAVID H. HUNTSMAN, President, of 97 North Highway 33, Driggs, Idaho 83422, designate and appoint HARVEY WALKER of 2338 North 2930 West, Arco, ID 83213, as our attorney in fact and agent (subsequently called "agent") to act in our name and for our benefit. We grant to our agent full power and authority to do everything necessary in exercising any of the powers herein granted as fully as we might or could do if personally present and fully competent, hereby ratifying and confirming all that our agent shall lawfully do or cause to be done by virtue of this power of attorney and the powers herein granted.

Specific Powers

Our agent shall have and may exercise the following specific power:

- a. To handle all affairs and do all that needs done, including signing of documents, pertaining to water rights, wells and all water issues.

Revocability

This power of attorney is revocable, provided, that insofar as any governmental agency, bank, trust company, insurance company, transfer agent, or other person shall rely upon this power, this power may be revoked only by a notice in writing executed by us or our agent and delivered to such person or institution.

Interpretation

This instrument is to be construed and interpreted as a limited power of attorney.

Disability of Principal

This Limited Power of Attorney shall not be affected by disability of the principal.

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Department of Water Resources
Eastern Region

Third-Party Reliance

Third parties may rely upon the representations of our agent as to all matters relating to any power granted to our agent, and no person who may act in reliance upon the representations of our agent or the authority granted to our agent shall incur any liability to us or our estate as a result of permitting our agent to exercise any power.

Expiration

Unless sooner revoked in the manner above provided, this Limited Power of Attorney shall expire at midnight on February 28, 2011.

Governing Law

This Limited Power of Attorney is executed and delivered in the State of Idaho and the laws of the State of Idaho shall govern all questions as to the validity of this power and as to the construction of its provisions.

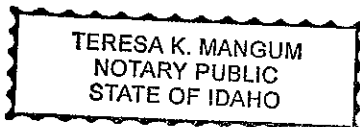
IN WITNESS WHEREOF, we have executed this Limited Power of Attorney this 3 day of Dec., 2009.

HUNTSMAN SPRINGS, INC., Principal

By [Signature]
DAVID H. HUNTSMAN, President

STATE OF Idaho)
) ss.
County of Teton)

On this 3 day of Dec., 2009, personally appeared before me DAVID H. HUNTSMAN, who, being by me first duly sworn, declared that he is the President of HUNTSMAN SPRINGS, INC, that he signed the foregoing document as President of the corporation, and that the statements therein contained are true.



[Signature]
Notary Public for Idaho
My Commission Expires: 07-24-2015