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SEP 16 2010

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

|                     |                  |
|---------------------|------------------|
| FOR OFFICE USE ONLY |                  |
| Amt. of Fee \$:     | <u>100.00</u>    |
| Receipt No:         | <u>C091710</u>   |
| Receipt By:         |                  |
| Date Received:      | <u>9/16/2010</u> |

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](http://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.: 73-12146 Telephone No.: (206) 762-11712. Name of Permit Holder(s): Flying Joseph Ranch LLC3. Mailing Address: c/o Judy Galfano, 7213 Perimeter Rd. S City: SeattleState: WA Zip: 98108 Email: jclark@aviationpartners.com4. Source of Water: ground water If **GROUND WATER** (well), Date Drilled: mo. N/A / yr. Well Driller: N/A Drilling Permit Number: N/A

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: storage for recreation, wildlife and aesthetics6. Total rate of diversion or storage volume for which proof is submitted:  cfs OR 88 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?

If yes, has the measuring device been installed?

|                              |                                        |
|------------------------------|----------------------------------------|
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

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

If yes, has the lockable device been installed?

|                              |                                        |
|------------------------------|----------------------------------------|
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

**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.N/A

Completed?

|                              |                                        |
|------------------------------|----------------------------------------|
| Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|------------------------------|----------------------------------------|

8. Fee Enclosed: \$ 100.00 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: Don Barnes Telephone Number: (360) 442-9142Mailing Address: c/o Judy Galfano, 7213 Perimeter Rd. S City: SeattleState: WA Zip: 98108 Email: barnesdd@custertel.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:

*Don Barnes, attorney in fact*  
(include your title, if on behalf of company or organization)

Date:

9-14-10

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

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DEPARTMENT OF  
WATER RESOURCES

**SPECIAL POWER OF ATTORNEY  
(WATER RIGHTS)**

FLYING JOSEPH RANCH, LLC, an Idaho limited liability company, designates and appoints JAMES P. SPECK, of Ketchum, Idaho, as Grantor's attorney in fact and agent (subsequently called "Agent") to act in Grantor's name and for Grantor's benefit for the specific purposes stated herein only. Grantor grants to its Agent full power and authority to do everything necessary in exercising any of the powers herein granted as fully as Grantor might or could do if personally present and fully competent, hereby ratifying and confirming all that Grantor's Agent shall lawfully do or cause to be done by virtue of this Special Power of Attorney and the powers herein granted.

1. SPECIFIC GRANT OF POWER. Grantor's agent shall have power to exercise or perform any act, power, duty, right or obligation whatsoever that Grantor now has or may hereafter acquire, RELATING ONLY TO the preparation and filing of claims for water rights in Twin Falls County District Court Civil No. 39576, In Re the General Adjudication of Rights to the Use of Water from the Snake River Basin Water System, and the preparation and filing of applications for permits to or transfers of water rights, or claims to water rights, with the Idaho Department of Water Resources.

2. REVOCABILITY. This Special 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 me or Grantor's Agent and delivered to such person or institution.

3. INTERPRETATION. This instrument is to be construed and interpreted as a Special Power of Attorney and shall be limited in accordance herewith.

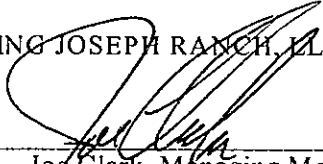
4. THIRD-PARTY RELIANCE. Third parties may rely upon the representations of the Agent as to all matters relating to any power granted to Grantor's Agent, and no person who may act in reliance upon the representations of the Agent or the authority granted to Grantor's Agent shall incur any liability to Grantor as a result of permitting the Agent to exercise any power.

5. GOVERNING LAW. This Special 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.

6. COUNTERPARTS. This Special Power of Attorney may be executed in counterparts. Each executed counterpart of this Special Power of Attorney shall have the force and effect of this original.

9th IN WITNESS WHEREOF, Grantor has executed this Special Power of Attorney this  
day of April, 2009.

FLYING JOSEPH RANCH, LLC

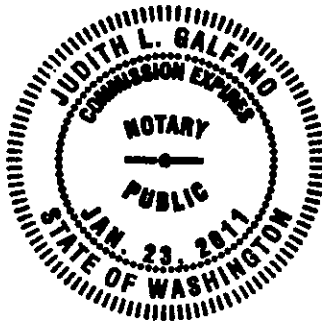
By:   
Joe Clark, Managing Member

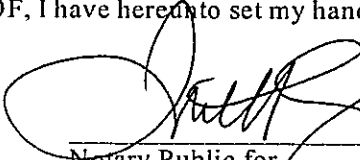
STATE OF WA )  
County of KING )

ss.

On this 9<sup>th</sup> day of April, 2009, before me, the undersigned notary public in and for said state, personally appeared Joe Clark, known or identified to me to be the Managing Member of FLYING JOSEPH RANCH, LLC and the person who executed the foregoing instrument on behalf of said limited liability company and acknowledged to me that said limited liability company executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year in this certificate first above written.



  
Notary Public for WASHINGTON  
Residing at: SEATTLE  
Commission expires: JAN. 23, 2011