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DEPARTMENT OF
WATER RESOURCES

STATE OF IDAHO
WATER RESOURCE BOARD

WATER SUPPLY BANK
REQUEST FOR 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 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: 63-7825A, 63-7825C Telephone No: 208-467-2390

Name(s) of Lessor: Dan and Marcine Hukill

Mailing Address: 14600 Deer Flat Rd.

City: Nampa State: ID Zip: 83686

REQUEST TO RELEASE A WATER RIGHT FROM THE BANK:

Requested Release Date: _____

Release all or part of the leased portion of the water right: All _____ Part _____

*If releasing only a 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.

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: 11/15/2009

Requested Expiration Date: indefinitely

Extend lease term for all or part of the leased portion of the water right: All ☒ _____ Part _____

*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.

Daniel M. Hukill
Signature of Lessor

Daniel M. Hukill
DWLER
Printed Name and Title*

3-03-2010
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