

FEB 16 2006

DEPARTMENT OF
WATER RESOURCESSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCESSUBMITTAL OF REQUEST FOR
TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION (IRS FORM W-9)
IN ACCORDANCE WITH LEASE OF WATER RIGHT TO THE WATER SUPPLY BANK

This form will be used to document receipt of an IRS form W-9 and to notify
the department of a change in contact information. (If applicable)
(Please print or type)

PLEASE RETURN WITH COMPLETED W-9 FORM

LEASED WATER RIGHT NO.(S):

57-2212, 57-7052,
57-7083, 57-7128,
57-7157

NAME(S):

(Attach documentation of authority to receive
payment if different from lessor)

MAILING ADDRESS FOR
PAYMENT RECEIPT:

(Payment will be issued to this address)

Attn: Rick Mosier
15130 N. Valleyfield Rd.
Alpharetta, GA 30004

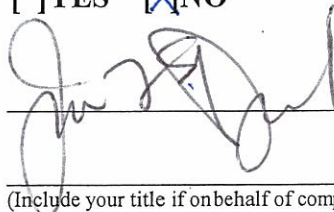
TELEPHONE NUMBER(S):

(770) 751 - 6764
(512) 306 - 8591

SHOULD DEPARTMENT RECORDS BE UPDATED TO SHOW THIS MAILING
ADDRESS AND TELEPHONE NUMBER AS THE CURRENT CONTACT
INFORMATION?

[] YES [X] NO

SIGNATURE (S):

 Managing Member

(Include your title if on behalf of company or organization)

DATE:

2/13/06

(FOR OFFICE USE ONLY)

DATE RECEIVED: 2-16-06

RECEIVED BY: NV

IRS FORM W-9 FORWARDED TO FISCAL [X] YES [] NO DATE: 3-7

ADDRESS UPDATED IN DATABASE [X] YES [] NO [] N/A DATE: _____

INITIAL: _____