

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

FOR OFFICE USE ONLY

Amt. of Fee \$: _____
Receipt No. _____
Receipt By: _____
Date Received: _____

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.: 37-20654 Telephone No.: 208-726-3030

2. Name of Permit Holder(s): Thomas M. O'Gara Family Trust c/o Brian Barsotti

3. Mailing Address: P.O. Box 370 City: Ketchum

State: ID Zip: 83340 Email: barsotti1@mindspring.com

4. Source of Water: Waste Water 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, wildlife storage, diversion to storage, groundwater recharge

6. Total rate of diversion or storage volume for which proof is submitted: 25 cfs OR _____ 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 ☒	No ☐
Yes ☒	No ☐

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

If yes, has the lockable device been installed?

Yes ☒	No ☐
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.

Mitigation required and applied as result of Transfer 69756 Completed?

Yes ☐	No ☒
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8. Fee Enclosed: \$ NA 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: William Ng Telephone Number: 310-913-3039

Mailing Address: 112 Price Lane City: Bellevue

State: ID Zip: 83313 Email: _____

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.

G ERICK POWELL
POWER OF ATTORNEY

Signature of permit holder: [Signature] Date: 1/12/2010
(Include your title, if on behalf of company or organization)

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

LIMITED POWER OF ATTORNEY

KNOWN ALL MEN BY THESE PRESENT:

I, Thomas M. O'Gara, hereby nominate and appoint
G. Erick Powell or Charles G. Brockway as my attorney-in-fact with full
 authority to act for and on my behalf to undertake any and all acts or matters pertaining to water
 right applications, permits, and transfers before the Idaho Department of Water Resources for
 any water right transactions:

in Blaine County, Idaho. Additionally, I hereby ratify and confirm any
 and all such acts on matters as contemplated herein.

My agent is hereby authorized to sign, seal and deliver, as my act in deed, those said
 instruments of writing that may be necessary or proper to carry into execution and effect the
 applications, and transfers above-mentioned. Further, I hereby declare that each and every
 application, transfer, agreement, receipt, or payment which shall be by my said agent given,
 made or done for the aforesaid purposes shall be as good, valid, and effectual as if they had
 been signed, sealed, and delivered by me in my own proper person; and I hereby undertake at
 all times to ratify whatsoever my said agent shall lawfully do or cause to be done in or
 concerning the said premises by virtue of these present. This Limited Power of Attorney will
 become void upon approval, denial or withdrawal of the above referenced applications.

Dated this 18th day of January 2007.

[Signature]
 Signature
 Signature

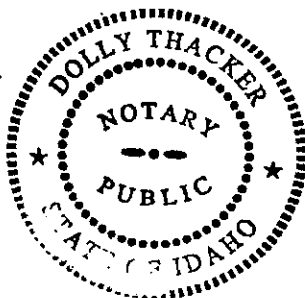
State of Idaho)

County of Blaine)

ss.

On this 18th Day of January, 2007, before me, a Notary Public
 in and for said County and State, personally appeared Thomas M. O'Gara,
 known or identified to me to be the individual whose name and subscription to the within
 instrument, and acknowledged to me that he executed the same.

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

S
E
A
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[Signature]
 Notary Public
 In and for said State and County

10/15/2010
 My Commission Expires