

WIX
RECEIVED STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
DEC 04 2008 STATEMENT OF COMPLETION

FOR OFFICE USE ONLY
Amt. Of Fee \$: 50
Receipt No. E034624
Receipt By: SC
Date Received: 11-28-08

DEPARTMENT OF WATER RESOURCES
SUBMITTING PROOF OF BENEFICIAL USE

The Idaho Department of Water Resources considers this form a statement that the permit holder(s) has completed all work that will occur for the development of a water right and that water has been applied to beneficial use(s) to the extent described below. This form must be accompanied by a license examination fee, when necessary, or accompanied by a completed Beneficial Use Field Report prepared by a certified water right examiner. If you no longer own the property and want to convey this permit to the new owner, please complete an Assignment of Permit form and send it to the Department with a \$25.00 filing fee. Assignment forms are available from any Department office or at www.idwr.idaho.gov.

1. Permit No. 25-14207 Telephone No. 208-589-6170
2. Name of Permit Holder(s): Brockman Ranch, LLC
3. Mailing Address: PO Box 40 City: Ririe
State: ID Zip: 83443 Email: _____
4. Source of Water: Spring If **GROUNDWATER** (well), Date Drilled: mo. ____/ yr. ____
Well Driller: _____ Drilling Permit No.: _____
5. Extent of use(s) completed (as authorized by the water right permit):
Domestic (No. of households): _____ Stockwater (No. and type of stock) 850 Pair Cows & Bulls
Irrigation (No. of acres): _____ Other: _____
6. Total rate of diversion or storage volume for which proof is submitted: 0.040 cfs OR _____ acre-feet.
7. Compliance with a Measuring Device requirement and/or other Conditions of Permit: (Refer to the approval conditions on your permit and respond accordingly.)
Measuring Device: Is a measuring device required: Yes _____ No ✓
If yes, has the measuring device been installed? Yes _____ No ✓
Conditions of Permit: Does your permit require you to submit additional information in connection with your proof of beneficial use? (If yes, please list the conditions below and provide documents if necessary)

Completed? Yes _____ No _____

Completed? Yes _____ No _____
8. Fee Enclosed: \$ 50.00 (See Fee Schedule on back of the instructions for filing proof of beneficial use. Proofs filed without any appropriate fee will be considered incomplete.)
9. Person to contact to accompany the Department representative during field examination of the water system.

Name: Brad Foster Telephone Number: 208-589-6170
Name: Jeremy Livingston Telephone Number: 435-256-7922
Name: Dave Chapple Telephone Number: 208-351-9951

Mailing Address: PO Box 40 City: Ririe State: ID Zip: 83443

10. 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: Robert L. Lawrie, ATTORNEY Date: Nov. 25, 2008

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(include your title, if on behalf of company or organization)

NOV 28 2008