

FOR OFFICE USE ONLY

Amt. of Fee \$: _____

Receipt No.: _____

Receipt By: _____

Date Received: _____

Should questions arise during the processing of this application please contact:
Norm Young - ERO Resources Corp. (208) 373-7983

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

AUG 30 2007

DEPARTMENT OF
WATER RESOURCES

PROOF OF BENEFICIAL USE

The Idaho Department of Water Resources considers this form a statement that the permit holder(s) has/have completed all development that will occur under this permit and that water has been applied according to the provisions of the permit for the beneficial use(s) described below. This form must be accompanied by a license examination fee, when necessary, or be accompanied by a completed field examination report prepared by a certified water right examiner.

1. Permit No. 72-16625 Telephone No. 208-879-4560
2. Name of Permit Holder(s): Christopher W. James Trust and FirstFruits Foundation
3. Mailing Address: P.O. Box 510
City: Challis State: Idaho Zip: 83226
4. Source of Water: Garden Creek If GROUNDWATER (well), Date Drilled: mo. N.A./ yr. _____
Well Driller: N.A. Drilling Permit Number: N.A.
5. Use(s) (as authorized by the water right permit):
Domestic (No. of households): _____ Stockwater (No. and type of stock): _____
Irrigation (No. of acres): _____ Other: Aesthetic use for a pond
6. Total rate of diversion and/or volume for which proof is submitted: 0.4 cfs OR --- acre-feet
7. Measuring Device Requirement: (refer to the approval conditions on your permit and respond accordingly) (This question is not optional. Please check either yes or no. Proofs returned not checked accordingly, will be considered incomplete)
Measuring Device: Is a measuring device required? Yes X or No _____
Has the measuring device been installed? Yes X or No _____
8. Fee Enclosed: \$ N.A. Field exam attached. (See Fee Schedule on back of the instructions for filing proof of beneficial use)
9. Person to contact to accompany the Department representative during field examination of the water system.
Name: Christopher James Telephone Number: 208-879-4560
Address: P.O. Box 510, Challis, Idaho 83226
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. I agree to relinquish any undeveloped portion of the permit to the State of Idaho.*

Signature of permit holder: _____

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

Date: 8/14/07