

Form 217
600

For Office Use Only
 Amount of Fee \$: \$100.00
 Date Received: 7/18/08
 Receipt by: L. S. HUNTER
 Receipt No.: 3030304

STATE OF IDAHO
 DEPARTMENT OF WATER RESOURCES

PROOF OF BENEFICIAL USE

RECEIVED
 JUL 18 2008
 DEPT. OF WATER RESOURCES
 SOUTHERN REGION

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.: 37-8894 Telephone No.: (208) 934-4448
2. Name of Permit Holder(s): Dry Creek Partners c/o Bill Novinger
3. Mailing Address: 1598 East 1330 South
 City: Gooding State: ID Zip: 83330
4. Source of Water: Black Canyon Creek and Dry Creek If **GROUNDWATER** (well), Date Drilled: mo. NA / yr. NA
 Well Driller: NA Drilling Permit No.: NA
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: Wildlife Storage and Aesthetic Storage
6. Total rate of diversion and/or volume for which period proof is submitted: _____ cfs OR 40 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 or ☐ No
 Has the measuring device been installed? ☐ Yes or ☒ No
8. Fee Enclosed: \$ 100 (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: Bill Novinger Telephone Number: (208) 934-4448
 Address: 1598 East 1300 South Gooding, ID 83330
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 underdeveloped portion of the permit to the State of Idaho.

Signature of permit holder: Dry Creek Partners
by: [Signature]
 (Include your title, if on behalf of company or organization)

Date: 7/18/08

G. WILLIAM NOVINGER

D3040

CERTIFICATE OF ASSUMED BUSINESS NAME

To the SECRETARY OF STATE, STATE OF IDAHO

Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name.

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1. The assumed business name which the undersigned use(s) in the transaction of business is:

Dry Creek Partners

2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:

Name

Address

J. Evan Robertson

P.O. Box 1906, Twin Falls, ID 83303

G. William Novinger

P.O. Box 301, Gooding, ID 83330

3. The general type of business transacted under the assumed business name is:

(1) Agriculture and (8) Real Estate

See categories on the reverse

4. The name and address to which correspondence should be addressed:

J. Evan Robertson

P.O. Box 1906, Twin Falls, ID 83303

Signed

By

J. Evan Robertson

Submit Certificate of Assumed
Business Name and \$20.00 fee to:

Secretary of State
700 West Jefferson
PO Box 83720
Boise ID 83720-0080

Customer #

Secretary of State use only

Revision 10/08

IDAHO SECRETARY OF STATE
DATE 04/04/1997
0900 79649 2
CK #: 950 CUST# 79309
ASSUM NAME 18 20.00= 20.00

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