

FOR OFFICE USE ONLY  
Amt. of Fee \$: 50.00  
Receipt No. 1085765  
Receipt By: amb  
Date Received: 1-24-08

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

RECEIVED

JAN 24 2008

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. 95-9142 Telephone No. 801-418-8900

2. Name of Permit Holder(s): Young Living Lavender Farm

3. Mailing Address: 3125 W. Executive Parkway

City Lehi State UT Zip 84043

4. Source of Water: spring runoff  
unnamed stream If GROUNDWATER (well), Date Drilled: mo. \_\_\_\_\_ / yr. \_\_\_\_\_

Well Driller: \_\_\_\_\_ Drilling Permit Number: \_\_\_\_\_

5. Use(s) (as authorized by the water right permit):

Domestic (No. of households): \_\_\_\_\_ Stockwater (No. and type of stock): \_\_\_\_\_

Irrigation (No. of acres): 100 Other: \_\_\_\_\_

6. Total rate of diversion and/or volume for which proof is submitted: \_\_\_\_\_ cfs OR 20 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?  
Has the measuring device been installed?

Yes \_\_\_\_\_ or No X  
Yes \_\_\_\_\_ or No X

8. Fee Enclosed: \$ 50.00 (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: Marcie King Telephone Number: 208-245-2745

Address: 701 N. Fork Coon Creek St. Maries, Id 83861

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: Marcie King office manager Date: 1-22-08  
(include your title, if on behalf of company or organization)