

RECEIVED

OCT 27 2005

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Department of Water Resources

SUBMITTAL OF REQUEST FOR
TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION (IRS FORM W-9)
IN ACCORDANCE WITH LEASE OF WATER RIGHT TO THE WATER SUPPLY BANKThis form will be used to document receipt of an IRS form W-9 and to notify
the department of a change in contact information. (If applicable)
(Please print or type)

PLEASE RETURN WITH COMPLETED W-9 FORM

LEASED WATER RIGHT NO.(S):

63-15634

NAME(S):

(Attach documentation of authority to receive
payment if different from lessor)Layne R. BangertterLNB Farms of Idaho LLCMAILING ADDRESS FOR
PAYMENT RECEIPT:

(Payment will be issued to this address)

3007 Can-Ada Rd.Melba, ID83641

TELEPHONE NUMBER(S):

(208) 495-2668
() -SHOULD DEPARTMENT RECORDS BE UPDATED TO SHOW THIS MAILING
ADDRESS AND TELEPHONE NUMBER AS THE CURRENT CONTACT
INFORMATION? [] YES [☒] NO

SIGNATURE (S):

Layne R. Bangerttermanaging member

(Include your title if on behalf of company or organization)

DATE:

10-26-05

(FOR OFFICE USE ONLY)

DATE RECEIVED: 10-27-05RECEIVED BY: NVIRS FORM W-9 FORWARDED TO FISCAL [☒] YES [] NO DATE: 10-27ADDRESS UPDATED IN DATABASE [☒] YES [] NO [] N/A DATE: _____INITIAL: NV