



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 East Front Street • P.O. Box 83720 • Boise, Idaho 83720-0098

Phone: (208) 287-4800 • Fax: (208) 287-6700 • Web Site: www.idwr.idaho.gov

C. L. "BUTCH" OTTER
Governor

DAVID R. TUTHILL, JR.
Director

November 9, 2007

ROGER BONNEAU
LINGER LONGER CONDOMINIUM ASSN
2374 KALISPELL BAY RD
PRIEST RIVER ID 83856

RE: PERMIT NO. 97-7455

Dear Mr. Bonneau:

The department received a Proof of Beneficial Use ("proof") form and a license examination fee of \$50.00 for the above referenced permit. This letter is to request clarification of the information provided on that proof form and for documentation of who the President of the association is currently. According to our conversation today, you asked that I send you back the proof and you will complete and resubmit another proof and provide me with a list of the corporate/association officers.

I will hold this matter for 15-days from the date of this letter for you to resubmit a revised/corrected version of the proof submitted on November 1, 2007. Enclosed is a proof form and a return envelope for your convenience.

If you have any questions, please contact me at (208) 287-4942. Thank you for your help in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Deborah J. Gibson".

Deborah J. Gibson
Administrative Assistant
Water Allocation Bureau

Enclosures

RECEIVED

FOR OFFICE USE ONLY
Amt. of Fee \$: 50.00
Receipt No. C085246
Receipt By: amr
Date Received: 10-1-07

STATE OF IDAHO
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. 97-07455 Telephone No. (208) 443-3279
2. Name of Permit Holder(s): JAMES F. Conarty-Linger Linger Condo. Assn.
3. Mailing Address: 2374 KALISPELL Bay Rd.
City PRIEST RIVER State ID Zip 83856
4. Source of Water: PRIEST Lake 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): 0 Stockwater (No. and type of stock): 0
Irrigation (No. of acres): 4.1 Other: _____
6. Total rate of diversion and/or volume for which proof is submitted: 0.18 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 _____ or No X
Has the measuring device been installed? 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: ROGER BONNEAU Telephone Number (208) 443-3279
Address: 2374 KALISPELL Bay Rd, Priest River, ID 83856
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: 10-29-2007

JAMES F. Conarty, Pres.
LINGER LINGER VILLAGE

Idaho Department of Water Resources Receipt

Receipt ID: C085246

Payment Amount	\$50.00	Date Received	11/1/07 3:08	Region	STATE
Payment Type	Check	Check Number	10023		
Payer	LINGER LONGER CONDOMINIUM ASSOC				

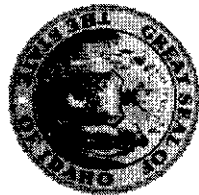
Comments 97-07455

Fee Details

Amount	Description	Fund	Fund Detail	PCA	Subobject
\$50.00	BENEFICIAL USE	0229	21	56104	1155



Signature Line (Department Representative)



IDAHO SECRETARY OF STATE
Viewing Business Entity

Ben Ysursa, Secretary of State

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LINGER LONGER CONDOMINIUM ASSOCIATION

2374 C KALISPELL BAY RD
PRIEST LAKE, ID 83856

Type of Business: UNINCORPORATED NON PROFIT ASSOCIATION

Status: , CURRENT 01 Sep 2000

State of Origin: IDAHO

Date of Origination/Authorization: 01 Sep 2000

Initial Registered Agent: JANET D ROBNETT
701 FRONT AVENUE STE 101
COEUR D'ALENE, ID 83816-0328

File Number: U212

Date of Last Annual Report:

Amendments:

Amendment filed 01 Sep 2000 ORIGINAL FILING

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Comments, questions or suggestions can be emailed to: sosinfo@sos.idaho.gov

FILED/EFFECTIVE

2008 SEP -1 6:10:25
STATE OF IDAHO

UNINCORPORATED NONPROFIT ASSOCIATION
APPOINTMENT OF AGENT FOR SERVICE OF PROCESS

To the Secretary of State of the State of Idaho:

Assoc. # 11212

1. The name of the nonprofit association is LINGER LONGER CONDOMINIUM ASSOCIATION
2. The principal address of the nonprofit association is 2374 C Kalispell Bay Road, Priest Lake, ID
83856
3. The name and street address of the agent authorized to receive service of process for the association are
Janet D. Robnett, Paine, Hamblen, Coffin, Brooke & Miller LLP
816 Sherman Ave., Coeur d'Alene, ID 83814

Signature of agent Janet D. Robnett

Dated August 21, ~~200~~ 2000

Secretary of State use only

Signature of a manager of the nonprofit association:

Mike Leinweber
Mike Leinweber, President

FILED/EFFECTIVE

**STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH**

File #: U212

The undersigned entity submits the following statement for the purpose of changing its registered office or its registered agent, or both, in the State of Idaho.

1. The name of the entity is: Linger Longer Condominium Association
2. The street address of its present registered office is: 816 Sherman Avenue, Coeur d'Alene, ID 83814
3. The street address (not a P.O. box) to which its registered office is to be changed is: 701 Front Avenue, Suite 101, Coeur d'Alene, ID 83816-0328
4. The name of its old registered agent is: _____
5. The name of its new registered agent is: _____
6. The address of the registered office and the business address of the registered agent are identical.

Dated: March 14, 2003

Signed: _____

Printed: Janet D. Robnett

Capacity: Registered Agent

I consent to serve as registered agent
for the above-named entity.

(See reverse for instructions)

(Signature of new registered agent)

2003 MAR 17 PM 2:37
STATE OF IDAHO