

Ident. No. 23-11371

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT

To appropriate the public waters of the State of Idaho

1. Name of Applicant Covered Bridge LLC Phone 208-589-7187
Mailing address 5156 E Haize Rd. Rivie Rd Email ts@ida.net
2. Source of water supply Groundwater which is a tributary of _____
3. Location of point of diversion is Township 4N Range 4E Sec. 31, in the _____ 1/4,
NW 1/4, SE 1/4, Govt. Lot 4, B.M., Jefferson County;
additional points of diversion if any: _____
4. Water will be used for the following purposes: domestic
Amount .20 for commercial purposes from 1/1 to 12/31 (both dates inclusive)
(cfs or acre-feet per year)
Amount .20 for domestic purposes from 1/1 to 12/31 (both dates inclusive)
(cfs or acre-feet per year)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per year)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per year)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per year)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per year)
5. Total quantity to be appropriated is (a) .20 and/or (b) _____
cubic feet per second acre feet per year
6. Proposed diverting works:
 - a. Describe type and size of devices used to divert water from the source WELL/PUMP
 - b. Height of storage dam _____ feet; active reservoir capacity _____ acre-feet;
total reservoir capacity _____ acre-feet
 - c. Proposed well diameter is _____ inches; proposed depth of well is _____ feet
 - d. Is ground water with a temperature of greater than 85°F being sought? No
 - e. If well is already drilled, when? _____; Drilling firm Denning;
Well was drilled for (well owner) _____; Drilling Permit No. _____
7. Time required for completion of works and application of water to proposed beneficial use is 3 years (minimum 1 year)
8. Description of proposed uses (if irrigation only, go to item 9):
 - a. Hydropower; show total feet of head and proposed capacity in kW. _____
 - b. Stockwatering; list number and kind of livestock. _____
 - c. Municipal; show name of municipality. _____
 - d. Domestic; show number of households. 16 spaces
 - e. Other; describe fully. RV Park, 16 spaces - Covered Bridge, LLC
WITH LAWN

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of the use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				TOTALS
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
4N	41E	31													D/c	D/c			
															(3)	4)			

Total number of acres to be irrigated: _____

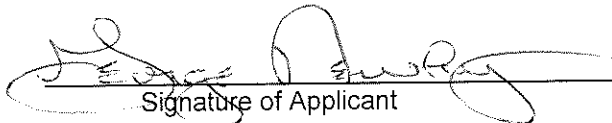
10. Describe any other water rights used for the same purposes as described above. Include water delivered by a municipality, canal company, or irrigation district. If this application is for domestic purposes, do you intend to use this water, water from another source, or both, to irrigate your lawn, garden, and/or landscaping? yes LAWN

11. a. Who owns the property at the point of diversion? Covered Bridge LLC
b. Who owns the land to be irrigated or place of use? Covered Bridge, LLC
c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing: _____

12. Describe your proposal in narrative form, and provide additional explanation for any of the items above. Attach additional pages if necessary. _____

13. **MAP OF PROPOSED PROJECT REQUIRED** - Attach an 8½"x11" map clearly identifying the proposed point of diversion, place of use, section #, township & range. (A photocopy of a USGS 7.5 minute topographic quadrangle map is preferred.)

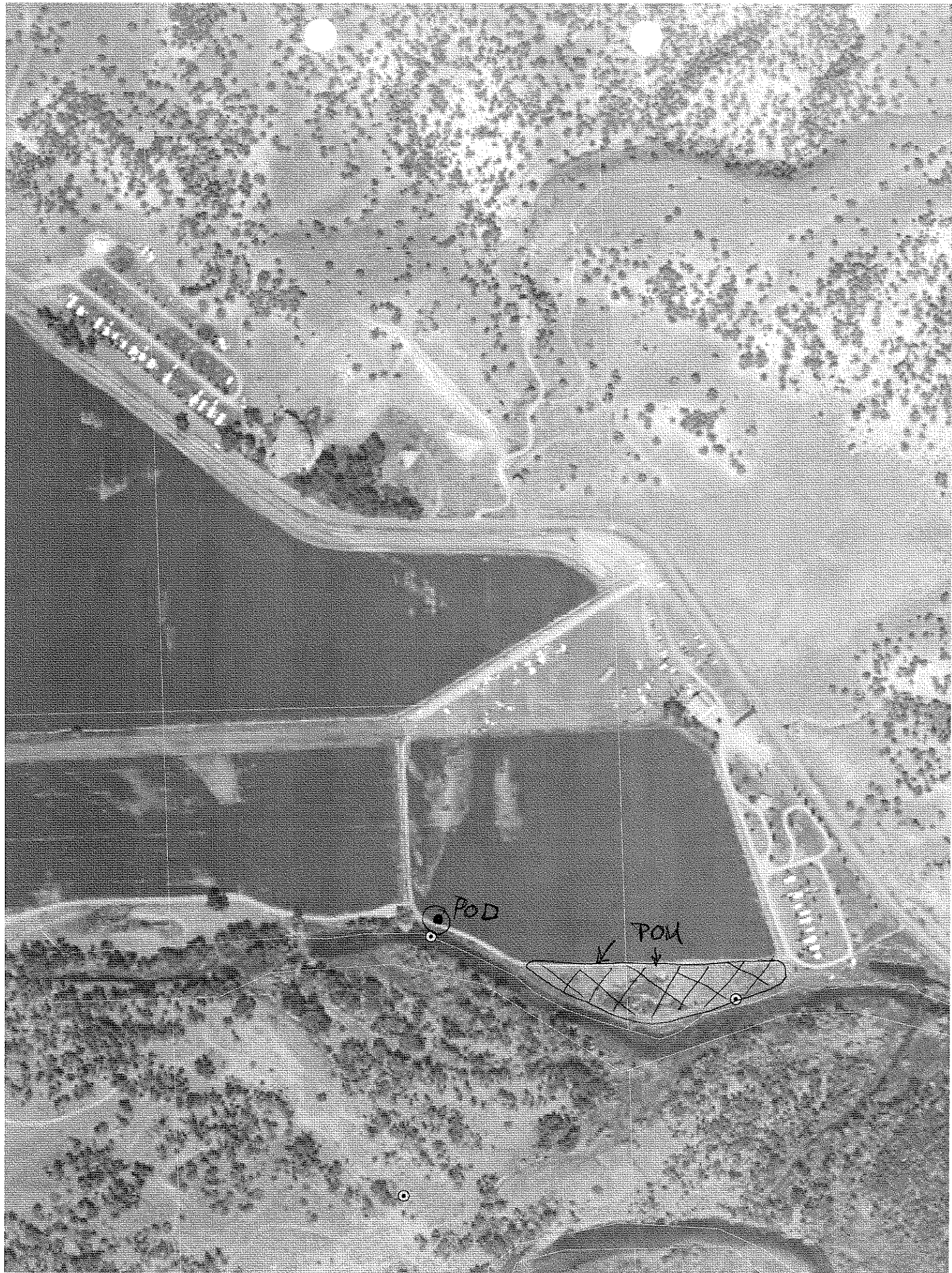
BE IT KNOWN that the undersigned hereby makes this application for permit to appropriate the public waters of the State of Idaho as herein set forth.


Signature of Applicant

George Newby
Print Name (and title, if applicable)

For Department Use:

Received by SC Date 10/30/07 Time _____ Preliminary check by _____
Fee \$ 100- Receipted by α Receipt No. 2033533 Date 10/30/07
Publication prepared by SC Date 11/21/08 Published in Jefferson Star
Publication approved _____ Date _____ Dates Published _____





IDAHO SECRETARY OF STATE Viewing Business Entity

Ben Ysursa, Secretary of State

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COVERED BRIDGE LLC

5156 EAST HEISE ROAD
RIRIE, ID 83443

Type of Business: LIMITED LIABILITY COMPANY

Status: EXISTING 15 Aug 2007

State of Origin: IDAHO

Date of 15 Aug 2007

Origination/Authorization:

Current Registered Agent: GEORGE E NEWBY
5156 EAST HEISE ROAD
RIRIE, ID 83443

File Number: W65717

Date of Last Annual Report:

Amendments:

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Amendment filed 15 Aug 2007 ARTICLES OF
ORGANIZATION

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



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

FILED EFFECTIVE
AUG 15 AM 8:13

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Covered Bridge LLC

2. The street address of the initial registered office is:

5156 East Heise Road, Ririe, Idaho 83443

and the name of the initial registered agent at the above address is:

George E. Newby

3. The mailing address for future correspondence is:

5156 East Heise Road, Ririe, Idaho 83443

4. Management of the limited liability company will be vested in:

Manager(s) ☒ or Member(s) ☐ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

Name	Address
<u>George E. Newby</u>	<u>5156 East Heise Road, Ririe, Idaho 83443</u>
<u>Tennessee S. Newby</u>	<u>5156 East Heise Road, Ririe, Idaho 83443</u>
_____	_____
_____	_____
_____	_____

6. Signature of at least one person responsible for forming the limited liability company:

Signature: Tennessee S. Newby
 Typed Name: Tennessee S. Newby
 Capacity: Manager

Signature: _____
 Typed Name: _____
 Capacity: _____

Secretary of State use only

Idaho Revised LLC Form for Articles of Organization, 08/05
 Revised 07/2002

Web Form

IDAHO SECRETARY OF STATE
 08/15/2007 05:00
 CK: 4168 CT: 22233 BH: 1070023
 1 @ 100.00 = 100.00 ORGAN LLC # 2

W65717