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JUN 06 2007

Department of Water Resources
Eastern Region

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES RECEIVED

PROOF OF BENEFICIAL USE JUN 11 2007

DEPARTMENT OF
WATER RESOURCES

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. 15-7270 Telephone No. 208-766-4069

2. Name of Permit Holder(s): JOEANN JENKINS TRUST

3. Mailing Address: P.O. Box 21

City MALAD State ID Zip 83252-0021

4. Source of Water: _____ If **GROUNDWATER** (well), Date Drilled: mo. May / yr. 2007

Well Driller: Mountain West Drilling Permit Number: D0045872

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

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

Irrigation (No. of acres): Approx 25 Other: _____

6. Total rate of diversion and/or volume for which proof is submitted: .5 cfs OR 50 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 ~~X~~ or No X
Has the measuring device been installed? Yes ~~X~~ or No X

8. Fee Enclosed: \$ 100.00 (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: QUENTEN JENKINS Telephone Number: 208-766-4069

Address: 2121 So. 5400 WEST MALAD, Id. 83252-0021

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: JoeAnn Jenkins Trustee Date: 6-5-07
(include your title, if on behalf of company or organization)