

FOR OFFICE USE ONLY
Amt. of Fee \$: 100.00
Receipt No. 2083655
Receipt By: AMP
Date Received: 3-26-07

RECEIVED

MAR 26 2007

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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Department of Water Resources

PROOF OF BENEFICIAL USE

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. 63-32242 Telephone No. (208) 498-0800

2. Name of Permit Holder(s): MISSION AVIATION FELLOWSHIP

3. Mailing Address: P.O. Box 47

City NAMPA State ID Zip 83653

4. Source of Water: WELL If GROUNDWATER (well), Date Drilled: mo. June / yr. 2004

Well Driller: GEORGE POST Drilling Permit Number: 892992-838284

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

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

Irrigation (No. of acres): _____ Other: OFFICE HVAC

6. Total rate of diversion and/or volume for which proof is submitted: 0.60 cfs OR NONE 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: \$ 100 (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: THOMAS G. (TOM) HOWARD Telephone Number: (208) 498 0618

Address: P.O. Box 47, NAMPA, ID 83653

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: [Signature] MANAGER-FACILITIES DEVELOPMENT Date: 23 MARCH 2007
(include your title, if on behalf of company or organization)