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FOR OFFICE USE ONLY

Amt. of Fee \$: _____

Receipt No. _____

Receipt By: _____

Date Received: _____

JUL 7 2007

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

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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. 63-32387 Telephone No. 208-334-4199

2. Name of Permit Holder(s): STATE OF IDAHO, DEPT OF PARKS & RECREATION

3. Mailing Address: STATEHOUSE MAIL, PO BOX 83720

City BOISE State IDAHO Zip 83720-0065

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

Well Driller: UNKNOWN Drilling Permit Number: UNKNOWN

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: DOMESTIC USE IS 1 SHOP

6. Total rate of diversion and/or volume for which proof is submitted: 0.02 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 _____

8. Fee Enclosed: \$ NOT REQUIRED (See Fee Schedule on back of the instructions for filing proof of beneficial use)

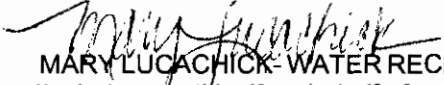
9. Person to contact to accompany the Department representative during field examination of the water system.

Name: MARY LUCACHICK Telephone Number: 208-514-2482

Address: 5657 WARM SPRINGS AVE. BOISE ID 83712-8700

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:


MARY LUCACHICK- WATER RECREATION ANALYST
(include your title, if on behalf of company or organization)

Date: June 5, 2007

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JUN 6 2007

WATER RESOURCES
WESTERN REGION