Form No. 217
05/03

RECEIVED
FEB 27 2007
DEPARTMENT OF WATER RESOURCES

FOR OFFICE USE ONLY
Amt. of Fee $: 50.00
Receipt No. 0082359
Receipt By: CMB
Date Receipted: 2-27-07

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

PROOF OF BENEFICIAL USE

2-23-07

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. 96-9297 Telephone No. 208 255-5839
2. Name of Permit Holder(s): Esther D. Okano
3. Mailing Address: 195 Sundowner Lane
   City Sagle. State ID Zip 83860
4. Source of Water: River Use 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): _____ Stockwater (No. and type of stock): _____
   Irrigation (No. of acres): ✓ Other: _____
6. Total rate of diversion and/or volume for which proof is submitted: .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 orno. Proofs returned not checked accordingly, will be considered incomplete)*

   Measuring Device: Is a measuring device required? Yes ____ **or** No ____
   Has the measuring device been installed? Yes ____ **or** No ✓

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: Esther D. Okano Telephone Number: (208) 2555839
   Address: 195 Sundowner Lane Sagle, ID 83860
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: Esther D Okano Date: 2-12-07
(include your title, if on behalf of company or organization)