

RECEIVED

AUG 09 2006

DEPARTMENT OF
WATER RESOURCES

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY
Amt. of Fee \$: 50.00
Receipt No. AMB
Receipt By: C08198/2
Date Received: 8/19/06
Rem. fee \$ 50.00
Receipt no. C082027
Receipt by: AMB
Date Recvd: 8/28/06

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. 103-31258 Telephone No. 322-7300 / 850-2111

2. Name of Permit Holder(s): THE SUNDANCE COMPANY

3. Mailing Address: 9100 W. BLACKFALCE DR.

City BOISE State ID Zip 83709

4. Source of Water: GROUND WATER 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): 15 Other: _____

6. Total rate of diversion and/or volume for which proof is submitted: .300 cfs OR 18 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 X or No _____
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: GERALD H. HELLIDGE Telephone Number: 322-7300

Address: 9100 W. BLACKFALCE

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.

Original proof
not returned
by permit holder
& front desk -
Process as if it
is the original of
[Signature] Date: 08/08/06
(include your title, if on behalf of company or organization)
Qualified Agent