Form No. 217
05/03

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AUG 29 2005
Department of Water Resources

FOR OFFICE USE ONLY
Amt. of Fee $: —
Receipt No. —
Receipt By: —
Date Receipted: —

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AUG 26 2005
Department of Water Resources
Southern Region

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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. 36-160162 Telephone No. 208-373-3831
2. Name of Permit Holder(s): US Dept of Interior Bureau of Land Management
3. Mailing Address: 1387 S. Vinnell Way
   City Boise State ID Zip 83709-1657
4. Source of Water: _____ If **GROUNDWATER** (well), Date Drilled: mo. 6 / yr. 04
   Well Driller: Alan Lloyd Drilling Permit Number: 36-16062
5. Use(s) (as authorized by the water right permit):
   Domestic (No. of households): 1 Stockwater (No. and type of stock): _____
   Irrigation (No. of acres): _____ Other: _____
6. Total rate of diversion and/or volume for which proof is submitted: .01 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 Yes or No
   Has the measuring device been installed? Yes 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: Lisa Jaro Telephone Number: 208-732-7272
   Address: 400 west F Street Shoshone, ID 83352
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: Doug Brown Supv. NRS Date: 8/22/05
(include your title, if on behalf of company or organization)