

FOR OFFICE USE ONLY
Amt. of Fee \$: 50.00
Receipt No. N017220
Receipt By: 9
Date Received: 10/4/05

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

OCT 06 2005
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. 95-9283 Telephone No. 208-765-8670

* 2. Name of Permit Holder(s): BEST HILL RANCH PROPERTY OWNERS, INC.

3. Mailing Address: % MERLIN D. TAYLOR 2162 E. BEST AVE
City COEUR D'ALENE State ID Zip 83814

4. Source of Water: _____ If GROUNDWATER (well), Date Drilled: mo. 12 / yr. 1996

Well Driller: UNITED DRILLING INC. Drilling Permit Number: 95-96-N-177-000

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: RECREATION STORAGE

6. Total rate of diversion and/or volume for which proof is submitted: 0.04 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 X

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: MERLIN D. "BUTCH" TAYLOR Telephone Number: 208-765-8670

Address: 2162 E. BEST AVE. COEUR D'ALENE, ID 83814

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: M Merlin D Taylor, President
(include your title if on behalf of company or organization)

Date: 10-4-2005

* PLEASE CORRECT TO CORP. NAME