

FOR OFFICE USE ONLY

Amt. of Fee \$: _____
Receipt No.: _____
Receipt By: _____
Date Received: _____

*Should questions arise during the processing of this application please contact:
David Shaw - ERO Resources Corp. (208) 373-7983*

**STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES**

PROOF OF BENEFICIAL USE

RECEIVED

OCT 03 2005

WATER RESOURCES
WESTERN REGION

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. 63-12577 Telephone No. 208-429-9908
2. Name of Permit Holder(s): Idaho Shakespeare Festival
3. Mailing Address: c/o Mark Hofflund, PO Box 9365
City: Boise State: Idaho Zip: 83707
4. Source of Water: Boise River 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: Aesthetic
6. Total rate of diversion and/or volume for which proof is submitted: 0.11 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: \$ NA (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: Mark Hofflund CAROL R COLE Telephone Number: 208-429-9908
Address: _____ 208 850 6033
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: _____

(Include your title, if on behalf of company or organization)

HEADGARDENER/
GRANDSKEEPER

Date: 9/30/05