

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**APPLICATION FOR PERMIT**  
To appropriate the public waters of the State of Idaho

1. Name of Applicant South Interchange Properties, LLC Phone 208-523-0620  
Mailing address c/o Holden, Kidwell, Hahn & Crapo, PLLC, PO Box 50130, Idaho Falls, ID 83405-0130
2. Source of water supply Groundwater which is a tributary of \_\_\_\_\_
3. Location of point of diversion is Township 1N Range 37E Sec. 8, in the SW  $\frac{1}{4}$ , NW  $\frac{1}{4}$ , NE  $\frac{1}{4}$ , Govt. Lot \_\_\_\_\_, B.M., BOWN County; additional points of diversion if any: \_\_\_\_\_
4. Water will be used for the following purposes:  
Amount 0.04 cfs up to 2,500 gallons per day for Commercial purposes from Jan. 1 to Dec. 31 (both dates inclusive)  
Amount \_\_\_\_\_ for \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ (both dates inclusive)  
(cfs or acre-feet per annum)  
Amount \_\_\_\_\_ for \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ (both dates inclusive)  
(cfs or acre-feet per annum)
5. Total quantity to be appropriated is (a) 0.04 cfs up to 2,500 gallons per day and/or (b) \_\_\_\_\_  
cubic feet per second acre feet per annum
6. Proposed diverting works:
  - a. Describe type and size of devices used to divert water from the source Well and pump
  - b. Height of storage dam \_\_\_\_\_ feet; active reservoir capacity \_\_\_\_\_ acre-feet; total reservoir capacity \_\_\_\_\_ acre-feet
  - c. Proposed well diameter is 12 inches; proposed depth of well is 250 feet
  - d. Is ground water with a temperature of greater than 85°F being sought? No
  - e. If well is already drilled, when? \_\_\_\_\_; Drilling firm \_\_\_\_\_;  
Well was drilled for (well owner) \_\_\_\_\_; Drilling Permit No. \_\_\_\_\_
7. Time required for completion of works and application of water to proposed beneficial use is 1 years (minimum 1 year)
8. Description of proposed uses (if irrigation only, go to item 9):
  - a. Hydropower; show total feet of head and proposed capacity in kW. \_\_\_\_\_
  - b. Stockwatering; list number and kind of livestock. \_\_\_\_\_
  - c. Municipal; show name of municipality. \_\_\_\_\_
  - d. Domestic; show number of households. \_\_\_\_\_
  - e. Other; describe fully. Restrooms and drinking fountain in distribution center

RECEIVED

JUL 15 2005

Department of Water Resources  
Eastern Region

9. Description of place of use:

- If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- If water is used for other purposes, place a symbol of the use (example: *D* for Domestic) in the corresponding place of use below. See instructions for standard symbols.

| Twp | Rge | Sec | NE 1/4 |    |    |    | NW 1/4 |    |    |    | SW 1/4 |    |    |    | SE 1/4 |    |    |    | TOTALS |
|-----|-----|-----|--------|----|----|----|--------|----|----|----|--------|----|----|----|--------|----|----|----|--------|
|     |     |     | NE     | NW | SW | SE | NE     | NW | SW | SE | NE     | NW | SW | SE | NE     | NW | SW | SE |        |
| 1N  | 37E | 8   |        | C  |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |
|     |     |     |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |
|     |     |     |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |
|     |     |     |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |
|     |     |     |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |
|     |     |     |        |    |    |    |        |    |    |    |        |    |    |    |        |    |    |    |        |

Total number of acres to be irrigated \_\_\_\_\_

- Describe any other water rights used for the same purposes as described above. None
- Who owns the property at the point of diversion? Applicant
  - Who owns the land to be irrigated or place of use? Applicant
  - If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing: \_\_\_\_\_
- Remarks: \_\_\_\_\_
- MAP OF PROPOSED PROJECT REQUIRED** - Attach an 8½"x11" map clearly identifying the proposed point of diversion, place of use, section #, township & range. (A photocopy of a USGS 7.5 minute topographic quadrangle map is preferred.)

BE IT KNOWN that the undersigned hereby makes this application for permit to appropriate the public waters of the State of Idaho as herein set forth.



Signature of Applicant (and title, if applicable)

Received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Preliminary check by \_\_\_\_\_  
 Fee \$ 100.00 Receipted by SC # ED31061 Date 7/15/05  
 Publication prepared by SC Date 8-4-05 Published in Post Register  
 Publication approved \_\_\_\_\_ Date \_\_\_\_\_

G:\WP\DATA\KWF\4619.003 MELALEUCA\Permit App.cdv

RECEIVED

JUL 15 2005

Department of Water Resources  
Eastern Region

251



# ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

2004 SEP 16 AM 9:21

STATE OF IDAHO

1. The name of the limited liability company is:

South Interchange Properties, LLC

2. The street address of the initial registered office is:

3910 S Yellowstone Highway, Idaho Falls, Idaho 83402

and the name of the initial registered agent at the above address is:

Frank L. VanderSloot

3. The mailing address for future correspondence is:

3910 S Yellowstone Highway, Idaho Falls, Idaho 83402

4. Management of the limited liability company will be vested in:

Manager(s) ☒ or Member(s) ☐ (please check the appropriate box)

5. If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the member(s), list the name(s) and address(es) of at least one initial member.

| Name                        | Address                                             |
|-----------------------------|-----------------------------------------------------|
| <u>Frank L. VanderSloot</u> | <u>3910 S Yellowstone, Idaho Falls, Idaho 83402</u> |
| _____                       | _____                                               |
| _____                       | _____                                               |
| _____                       | _____                                               |
| _____                       | _____                                               |
| _____                       | _____                                               |

6. Signature of at least one person responsible for forming the limited liability company:

Signature: \_\_\_\_\_

Typed Name: Charles A. Homer

Capacity: Organizer

Signature \_\_\_\_\_

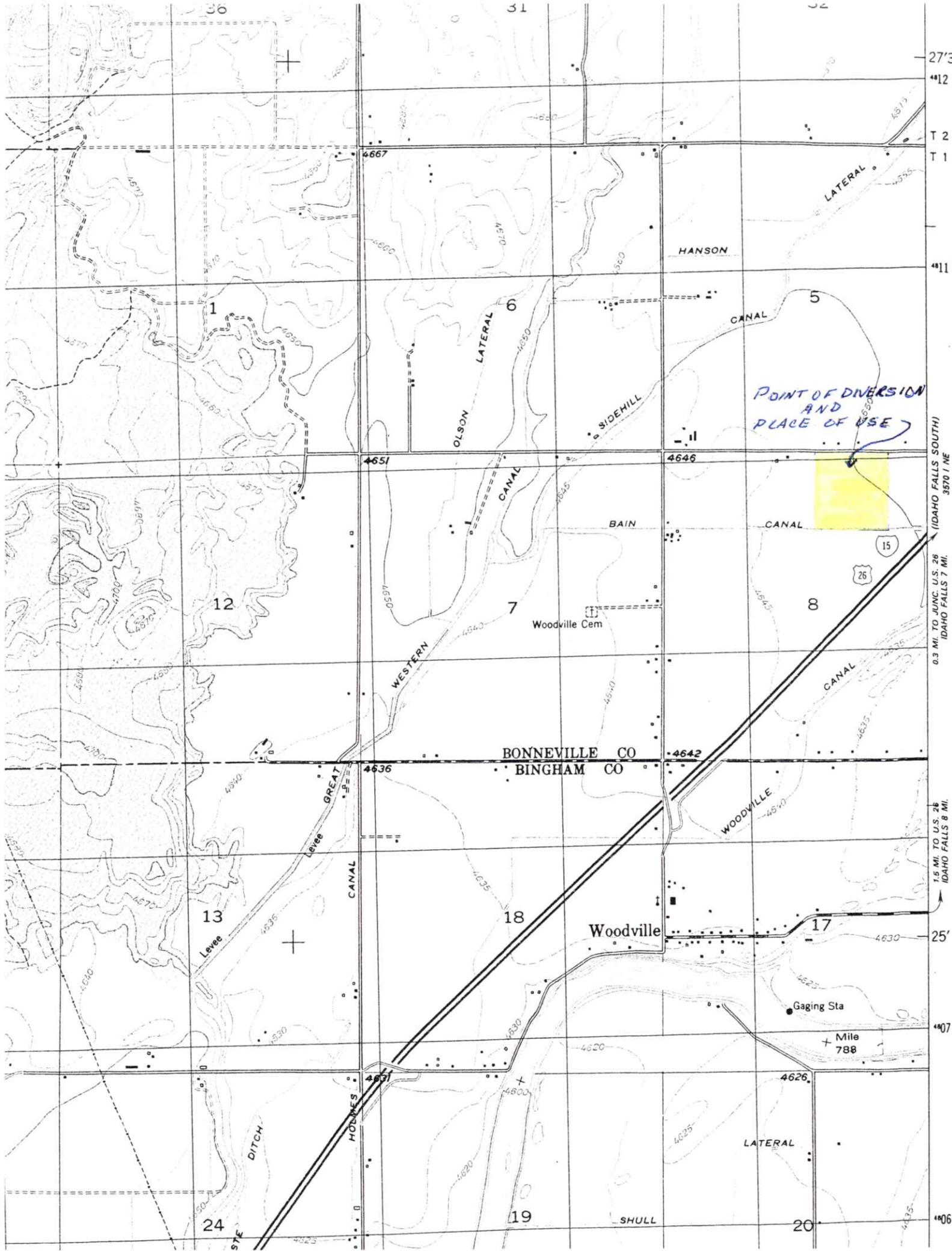
Typed Name: \_\_\_\_\_

Capacity: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
09/16/2004 05:00  
CR: 20001 CT: 2367 BHI 766276  
I @ 100.00 = 100.00 ORG# LLC # 2

W33276



POINT OF DIVERSION  
AND  
PLACE OF USE

0.3 MI. TO JUNC. U.S. 26  
1.5 MI. TO U.S. 26  
3570 I. NE

0.3 MI. TO JUNC. U.S. 26  
1.5 MI. TO U.S. 26  
3570 I. NE

0.3 MI. TO JUNC. U.S. 26  
1.5 MI. TO U.S. 26  
3570 I. NE

0.3 MI. TO JUNC. U.S. 26  
1.5 MI. TO U.S. 26  
3570 I. NE