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OCT 21 2004

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

PROOF OF BENEFICIAL USE

FOR OFFICE USE ONLY
Amt. of Fee \$: 125.00
Receipt No. 4032322
Receipt By: AK
Date Received: 10-19-04

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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. 65-13977 Telephone No. (208) 288-0100

2. Name of Permit Holder(s): Island Capitol, LLC

3. Mailing Address: 1409 North Main Street

City Meridian State Idaho Zip 83642

4. Source of Water: groundwater If **GROUNDWATER** (well), Date Drilled: mo. June/July / yr. 2001

Well Driller: Gestrin Well Drilling 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): 120 Other: _____

6. Total rate of diversion and/or volume for which proof is submitted: 1.60 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 _____

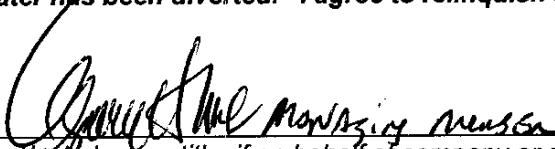
8. Fee Enclosed: \$ 125.00 (See Fee Schedule on back of the instructions for filing proof of beneficial use)

9. Person to contact to accompany the Department representative during field examination of the water system.

Name: Graye Wolfe Telephone Number: (208) 288-0100

Address: Island Capitol, LLC, 1409 North Main Street, Meridian, Idaho 83642

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:  Date: 10/12/04
(include your title, if on behalf of company or organization)