REQUEST FOR WITHDRAWAL OF CLAIM
WITH FILING FEES APPLIED TO APPLICATION FOR PERMIT

Name of Claimant: _________________________________________________________________

Mailing Address: _________________________________________________________________

Amount: _______________________ Receipt No.: _____________________________

Claim No(s): _____________________________________

I/We wish to withdraw the Notice(s) of Claim to a Water Right which number(s) appear above
and for which I/We previously paid a filing fee to the Idaho Department of Water Resources. I
request the filing fee I/We paid on the receipt referenced above be applied to filing an Application
for Permit.

For Individuals:

____________________________________________ _____________________________
 (Signature of Claimant)     (Date)

____________________________________________ _____________________________
 (Signature of Claimant)     (Date)

For Organizations:

____________________________________________ _____________________________
 (Signature of Authorized Agent)     (Date)

____________________________________________ _____________________________
 (Title)

____________________________________________ _____________________________
 (Name of Organization)

Return to:  Idaho Dept. of Water Resources  Idaho Dept. of Water Resources
900 N. Skyline Dr. Ste A or
Idaho Falls, ID 83402-1718 Adjudication Section
P.O. Box 83720
Boise, ID 83720-0098

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For IDWR Use

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<th>Approval Region Approval</th>
<th>Initials</th>
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Form 25a(1)(NIA) - 6/28/2021