State of Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900

Application for Instream Lease Renewal

A summary of review criteria and procedures that are generally applicable to these applications is available at www.wrd.state.or.us/OWRD/PUBS/forms.shtml.

The undersigned entered into Instream Lease Number IL Certificate(s) 81998	1016 involving Water Right, which was approved
on 8/19/2009 and terminated on 10/31/2013 .	1017 9
The undersigned parties to the original lease hereby requerenewed. Lessor and Lessee warrant that, to the best of the changed and all matters involved with or affected by the inright(s) remain as they were when the lease was first enterwater right holder interest, the acres from which the right benefit provided as a result of this instream lease. The terms and conditions of instream lease IL 1016	st that Lease Number IL 1016 be eir knowledge, circumstances have not astream lease and the subject water ed into, including but not limited to is leased, and the public instream
their entirety, with the following exception(s):	are notedy incorporated by reference in
 The term of the lease shall commence on Marches the parties) and continue through Oct. 31, 2018 I request to be able to terminate the early with written I request to be able to terminate the lease early with I do not wish to include a Termination Provision. 	For multi-year leases:
CREP. Are some or all of the lands being leased part of a Program? ☐ Yes ✓ No or Other Federal Program of the lands being leased part of a Program?	
Fees. Pursuant to ORS 536.050, the following fee is included: ✓ \$110.00 for an instream lease renewal applications:	
**BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO DEPARTMENT ELECTRONICALLY: COPIES OF THE FINAL O	
Lessor Signature: //w/a / milys Print Name: Carla C. Smith for Bandon Crossings, LLC	Date: 12/13/13
Complete Mailing Address: 121 Deer Valley Dr., Eugene, OF	R 97405
Telephone Number: 541-345-0537 / 541-520-5821 cell	
E-mail address**: carla@bandoncrossings.com	
Lessor Signature:	Date:
Print Name:Complete Mailing Address:	——————————————————————————————————————
Telephone Number:	
E-mail address**:	SALEM, OR
For additional Lessors, type in space for signature and date.	
Lessee Signature:	
Complete Mailing Address: Telephone Number:	
E-mail address**:	