

State of Oregon

Water Resources Department
725 Summer Street NE, Suite A 2 0 2014
Salem, Oregon 97301-1266
(503) 986-0900

SALEM, OR

Drought Instream Lease Renewal Application

Complete the questions below and include any refill in or check boxes as indicated. (N/A=	
The undersigned hereby request Instream Lease Num	ber IL-204 be renewed.
Fees: \$\times\$ \$110.00 for an instream lease renewal app \$\times\$ Check enclosed or \$\times\$ Fee Charged to custor	
Term of the Lease:	15 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
The lease is requested to begin in month March year 20 Validity of the Right(s)	Termination provision (for multiyear leases):
 (check the appropriate box): 	The parties to the lease request: ☑ a. The option of terminating the lease prior to expiration of the full term with written notice to th Department by the Lessor(s) and/or Lessee. ☑ b. The option of terminating the lease prior to expiration of the full term, with consent by all parties to the lease. ☑ c. The parties would not like to include a Termination Provision. (See instructions for limitations to this provision)
leased part of CREP or another Federa	rogram CREP – Are some or all of the lands to be l program (list here:)?
The undersigned declare:	
 The Lessor(s) agree during the term of this lease, to suright(s) and under any appurtenant primary or supplen and 	spend use of water allowed under the subject water nental water right(s) not involved in the lease application;
The Lessor(s) certify that I/we are the holders of the w deeded land owner, I/we have provided documentation application and/or consent from the deeded landowner	
Signature of Lessor	Date: October 16, 2014
Printed name (and title): <u>Robert S. Nowak</u> Busi Mailing Address (with state and zip): <u>183 Concherence</u> Phone number (include area code): <u>775-784-1656</u>	o Drive, Reno NV 89521
Clery L. Nowak Signature of Lessor	Date: October 16, 2014
Printed name (and title): <u>Cheryl L. Nowak</u> Busi Mailing Address (with state and zip): <u>183 Concherge</u> Phone number (include area code): <u>775-784-1656</u> See next page for additional signatures.	o Drive, Reno NV 89521

NA	Date:	
Signature of Co-Lessor		
Printed name (and title): District/organization name: Mailing Address (with state and zip): Phone number (include area code):	 **E-mail address:	j
N/A Signature of Co-Lessor	Date:	
Printed name (and title): Business/organization name: Mailing Address (with state and zip): Phone number (include area code):	 _ **E-mail address:	
N/A Signature of Lessee	Date:	
Printed name (and title): Business/organization name: Mailing Address (with state and zip): Phone number (include area code):		
Phone number (include area code):	_ **E-mail address:	
** DV DDOVIDING AN E-MAIL ADDDESS CON	SENT IS CIVEN TO DECEIVE	ALL CORRESPONDENCE FROM THE

** BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED TO THE LESSOR.

RECEIVED BY OWRD

OCT 2 0 2014

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