

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

## Instream Lease Renewal Application

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(	Complete the questions be Fill in or check box	elow and include any r ses as indicated. (N/A=		Instream Lease IL 1532 Renewal Fee included
The	undersigned hereby reque	est Instream Lease Num	ber IL-1532 be renewed.	
Fee		tream lease renewal app		,
	-		mer account The Freshwa	ter Trust (Account name)
	erm of the Lease: ne lease is requested to begin	in month June year 2018		
	alidity of the Right(s)		Termination provision (	
	heck the appropriate box):  The water right(s) to be least	sed have been used	The parties to the lease in a. The option of terminal	
	under the terms and condition		expiration of the ful	l term with written notice to the
	during the last five years or			Lessor(s) and/or Lessee.
	instream.		b. The option of termine expiration of the full	ll term, with consent by all
	If the water right(s) have no five years, right(s). Docume		parties to the lease.	
-	the water right(s) is not sub		c. The parties would n	ot like to include a Termination
	provided. ORS 540.610(2).		(See instructions for limit	ations to this provision)
				ne or all of the lands to be
The 1	ındersigned declare:			
	The Lessor(s) agree during the			
	right(s) and under any appur and	tenant primary or supplen	nental water right(s) not inv	volved in the lease application;
	The Lessor(s) certify that I/w	ve are the holders of the w	vater right(s) involved in the	is Instream Lease. If not the
	deeded land owner, I/we hav	e provided documentation	n demonstrating authorizati	
	application and/or consent fr	om the deeded landowner	; and	Received by OWRD curate. Circumstances have not
3.	All parties affirm that inform	ation provided in this lead	se application is true and ac	emain as they were when the
	lease was previously approve			
	referenced herein, are incorp	orated by reference in the	ir entirety.	
				Salem, OR
	KC. Ferres		12-110-19	
		Date	: April 9, 18	
	Signature of I		,	IIC
	Printed name (and title): K.C. Ferres Business name, if applicable: Ferres, LLC Mailing Address (with state and zip): 48 NE Court Street, Dufur, OR 97021  Phone number (include area code): **E-mail address:			
			<del></del>	
			Date:	
	Signature of	Co-Lessor		

Date:				
Signature of Co-Lessor				
Printed name (and title):				
District/organization name:				
Mailing Address (with state and zip):				
Mailing Address (with state and zip):  Phone number (include area code): **E-mail address:				
Date:				
Signature of Co-Lessor				
Printed name (and title):				
Business/organization name:				
Mailing Address (with state and zip): **E-mail address:				
Date: 4/23/18				
V Signature of Lessee				
Printed name (and title): Rob Kirschner, General Counsel				
Business/organization name: The Freshwater Trust				
Mailing Address (with state and zip): 700 SW Taylor St., Suite 200, Portland OR, 97205				
Phone number (include area code): 503-222-9091 **E-mail address: rob@thefreshwatertrust.org				

\*\* 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.