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Please use and attach additional pages of Table 2 as needed. See page 6 for instructions.

Do you have questions about how to fill-out the tables? Contact the Department at 503-986-0900 and ask for Transfer Staff.

Table 2. Description of Changes to Water Use Permit # G-15571

List the change proposed for the acreage in each 1/4 1/4. If more than one change is proposed, specify the acreage associated with each change. If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

AUTHORIZED (the "from" or "off" lands)  The listing that appears on the certificate BEFORE PROPOSED  CHANGES  List only that part or portion of the water right that will be changed.							Proposed Changes (see	PROPOSED (the "to" or "on" lands) The listing as it would appear AFTER PROPOSED CHANGES are made.																
Tv	vp	R	ng	Sec	1/4	1/4	Tax Lot	Gvt Lot or DLC		POD(s) or POA(s) (name or number from Table 1)	Priority Date	"CODES" from previous page)		wp	Rı	ng	Sec	1/4	1/4	Tax Lot			POD(s) or POA(s) to be used (from Table 1)	Priority Date
												EXAMP	LE											
2	s	9	E	15	NE	NW	100		15.0	POD #1 POD #2		POU/POD	2	S	9	E	15	NW	NW	100	1	10.0	POD #5	
66	66	66	66	"	"	"	"	"	EXAMPLE	"		"	2	S	9	E	15	sw	NW	200		5.0	POD #6	
3	s	3	W	28	NE	NE	102		9.1	POA #1 POA #2	5/13/2003	APOA												
												APOA/POU	3	S	3	W	27	NW	NW	900		19.2	POA #1 POA #2	5/13/2003
												APOA/POU	3	S	3	w	22	sw	sw	1100		11.7	POA #1 POA #2	5/13/2003
					Т	OTAI	L ACR	ES	9.1										ТОТ	AL ACR	ES	30.9		

											And desired the second							
											nga manananananananananananananananananana							
	TOTAL ACRES 9.1								TOTAL ACRES 30.9									
	Additional remarks:																	
Revised 2/11/2019 Permit Amendment Application – Page 9 of 10							0			Т	CACS							



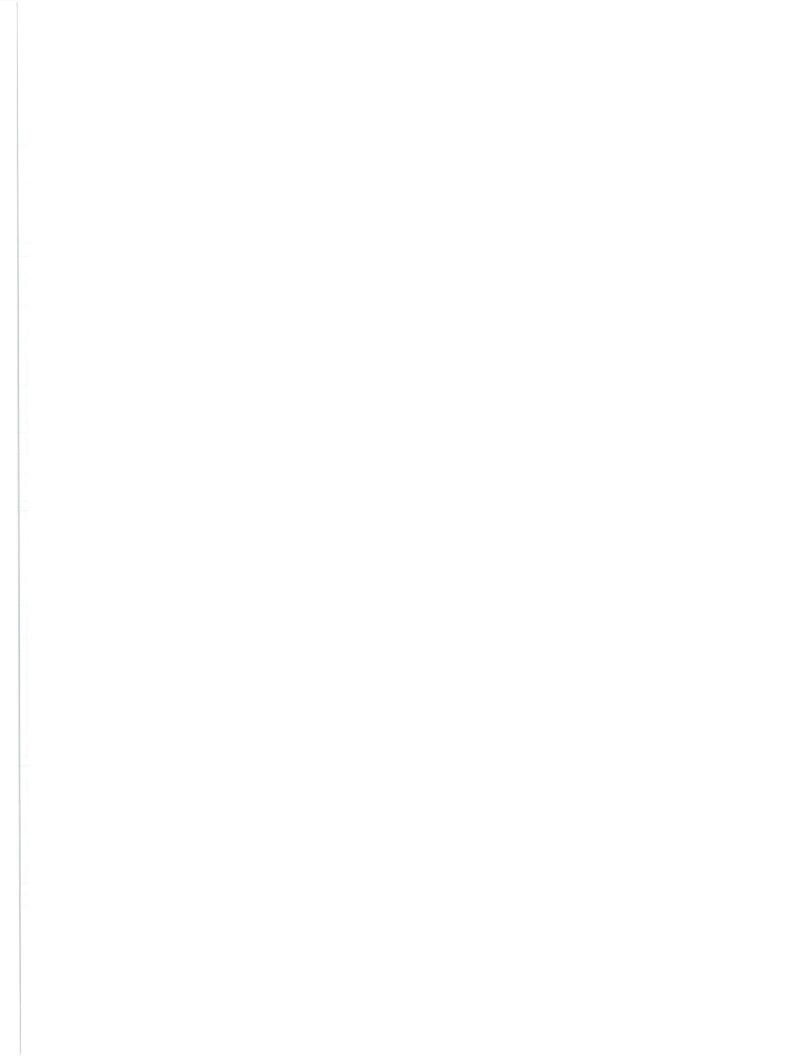
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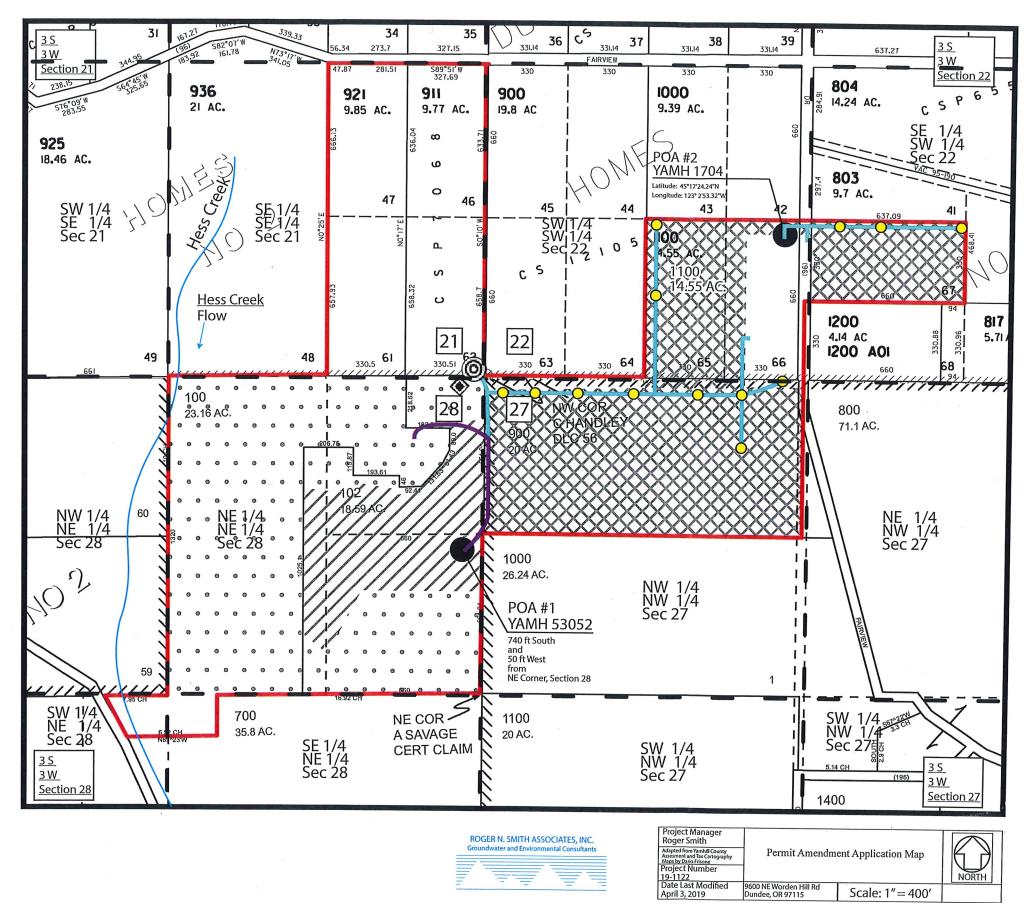
## Part 4 of 5 - Applicant Information and Signature

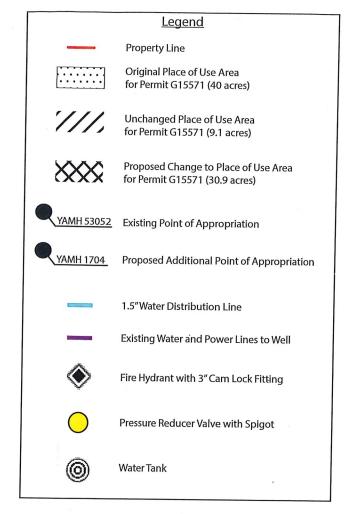
AUG 16 2019

<b>Applicant Information</b>	OW	pp fewisel					
APPLICANT/BUSINESS NAME		TRU	PHONE NO.	ADDITIONAL CONTACT NO.			
Broadpeak BW LLC & Black Walnut LL ADDRESS	C (Attn: John Hull, Ra	ndE Holdings LLC)	503.830.9039	FAX NO.			
47 State St., Suite 200							
CITY Lake Oswego	STATE OR	ZIP 97034	E-MAIL				
				PRRESPONDENCE FROM THE			
DEPARTMENT ELECTRO	NICALLY. CO	PIES OF THE FINA	L ORDER DOCUMENT	TS WILL ALSO BE MAILED.			
<b>Agent Information</b> – Th	ne agent is auth	norized to represer	nt the applicant in all n	natters relating to this application.			
AGENT/BUSINESS NAME RNSA Inc.			PHONE NO. 503.241.5444	ADDITIONAL CONTACT NO.			
ADDRESS				FAX NO.			
1400 SW Davenport St	STATE	ZIP	E-MAIL				
Portland	OR	97201		lwater@gmail.com			
				PRRESPONDENCE FROM THE			
DEPARTMENT ELECTRO	NICALLY. CO	PIES OF THE FINA	L ORDER DOCUMENT	TS WILL ALSO BE MAILED.			
Evaloin in vour own we	orde what you	propose to acco	mnlich with this ner	mit amendment; and why:			
	-						
We would like to shift 31 acres of portion of the permit Place of Use							
If you need additional space	, continue on a s	eparate piece of pap	per and attach to the appl	lication as "Attachment 1".			
Check this box if th	is project is fi	ally or partially f	funded by the Ameri	can Recovery and Reinvestmen			
Act. (Federal stimul		, ,	,	,			
Is the applicant the pe	rmit holder	of record? X	Yes No				
If NO, include either:							
	_	form (with requine applicant(s), C		nent fee), assigning all or a			
	of consent fr amend the pe		older(s) of record that	t gives permission for the			
Has the Completion ("C	") Date of the	permit(s) in this	application expired?	Yes X No			
If YES, this applicatio							
If NO, what are the co	mpletion dates	of the permit(s)?	10/1/2024				
• If the permit com	pletion date ex	pires while the Pe	rmit Amendment App	lication is pending, the Department of Time Application is approved			
<ul> <li>You may conside Amendment Appethis application.</li> </ul>	r using the Rei plication if the	mbursement Auth completion date of	ority process to exped of the permit expires w	ite the processing of this Permit rithin 6 months of the date of filing			
By my signature below,	I confirm tha	t I understand:					
Department for publ	ication of a not	tice in a newspape	r with general circulat	to submit payment to the ion in the area where the permit is ving newspaper is available, I			
suggest publishing th	ne notice in the	following newspa	aper:				
Revised 2/11/2019	Perm	it Amendment Application	on – Page 4 of 10	TACS			

-									
	the Reimbursement Authority process to expedite n if the completion date of the permit expires wit								
By my signature below, I confirm that I understand:									
• Prior to Department approval of the permit amendment, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the permit is located, once per week for two consecutive weeks. If more than one qualifying newspaper is available, I									
suggest publishing the notice	e in the following newspaper:								
Revised 2/11/2019	Permit Amendment Application – Page 4 of 10	TACS							







New Place of Use T3S, R3W, 22, SE 1/4, SW 1/4	<u>Acerage</u> 5
T3S, R3W, 22, SW 1/4, SW 1/4	6.7
T3S, R3W, 27, NW 1/4, NW 1/4	19.2
Total:	30.9 AC

<u>Unchanged Place of Use</u>	<u>Acerage</u>
T3S, R3W, 28, NE 1/4, NE 1/4	9.1

Permit Amendment Application Map

Scale: 1" = 400'

Total: 9.1 AC

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