OMB CONTROL NO.: 1006-0005

### FORM 7-21TRUST 2018

#### **DECLARATION OF TRUST'S OR ESTATE'S LANDHOLDINGS**

For Certification and Reporting Requirements of the Reclamation Reform Act of 1982

| Districts must complete the "District Name" and "Date Received" boxes. |  |
|--|--|
| District Name:   |  |
|  |  |
|  |  |
| DATE RECEIVED:   |  |
|  |  |

| (7-17) DATE RECEIVED:   |                      |                           |                  |          |           |           |   |           |                  |                                    |
|---|----------------------|---------------------------|------------------|----------|-----------|-----------|---|-----------|------------------|------------------------------------|
| BUREAU OF RECLAMATION   |                      |                           |                  |          |           |           |   |           |                  |                                    |
| Do not use this form after December 31, 2018. It is important please contact your district office. Individual landholders and print in ink. Date and initial crossouts and corrections. Visit | d entity landhold    | ers (other than trusts    | or es            |          |           |           |   |           |                  |                                    |
|   |                      | TRUST OR ESTA             |                  | FORM     | MATIC     | N         |   |           |                  |                                    |
| Trust or estate name:   |                      |                           |                  |          |           |           |   |           |                  |                                    |
| 2(a). Trust or estate (check one):  | ☐ Estate             |                           |                  | 2(b). E  | mplove    | r Identii | fication Number (EIN):                    |           |                  |                                    |
| 3.  | TRUSTEE              | , EXECUTOR, OR            | ADM              |          |           |           |   |           |                  |                                    |
| (a). Name of the trustee, executor, or administrator:   |                      |                           |                  | (b). Te  | lephone   | e numbe   | er where questions can be directed:       | ( )       |                  |                                    |
| (c). Street address or rural route number, city, state, and ZIP cod   | le of trustee, exec  | utor or administrator:    |                  | (d). Ma  | ailing ac | ldress it | f different from street address:          |           |                  |                                    |
|   |                      |                           |                  |          |           |           |   |           |                  |                                    |
|   |                      |                           |                  |          |           |           |   |           |                  |                                    |
| 4. TRUSTS ONLY:   |                      |                           |                  |          |           |           |   |           |                  |                                    |
| (a) Grantor's name:   |                      |                           |                  |          |           |           |   |           |                  |                                    |
| (b) Is your trust revocable at the discretion of the grantor in<br>to the grantor?  | such a manner tha    | at revocation results in  | the title        | e to the | trusted   | land re   | everting either directly or indirectly    |           | ☐ YES            | □ NO                               |
| (c) Is your trust revoked or terminated by its terms upon the   | expiration of a sp   | ecified period of time in | n such           | a mann   | er that   | revocat   | ion or termination results in the title t | o the     | _                | _                                  |
| trusted land reverting either directly or indirectly to the gr  |                      | •                         |                  |          |           |           |   |           | ☐ YES            | □ NO                               |
| (d) If your answer to 4(b) or 4(c) is "YES," was your trust cre   | eated on or after Ja | anuary 1, 1981?           |                  |          |           |           |   |           | ☐ YES            | □ NO                               |
| 5. TRUSTS ONLY:   |                      |                           |                  |          |           |           |   |           |                  |                                    |
| (a) Does your trust own 100 percent of another entity or is y   | our trust affiliated | with a nominee partner    | ship?            |          |           |           | ☐ YES ☐ NO                                |           |                  |                                    |
| (b) If "YES," list the name(s) of the entity(s) or nominee part   | nership(s) and ch    | eck the appropriate box   | k. For a         | addition | al spac   | e, use a  | attachments.                              |           |                  |                                    |
|   |                      |                           |                  |          |           |           | ☐ WHOLLY OWNED ENTIT                      | ry 🗆 N    | IOMINEE PAI      | RTNERSHIP                          |
| (c) Does your trust include a class of beneficiaries?   | ☐ YES                | □ NO                      |                  |          |           |           |   |           |                  |                                    |
| 6. Name of state(s) or country(ies) where trust or estate is estate   | blished or register  | ed:                       |                  |          |           |           |   |           |                  |                                    |
| 7. Names of natural persons/entities attributed with the land hel   | d in your trust or e | estate. For additional s  | pace, ι          | ıse atta | chment    | s.        |   |           |                  |                                    |
|   |                      |                           |                  | (1       | b)        |           |   | ,         | d)<br>of Natural | (e)                                |
| 7-1   |                      |                           |                  | elations | •         |           | (-)                                       |           | or Entity        | Percentage of                      |
| (a)<br>Name   |                      |                           |                  | Trust o  | r Estate  | )         | (c)<br>EIN                                | (chec     | k one)           | Trust or Estate Attributed to This |
| Tallo   |                      |                           | ary              | Trustee  | ntor      | cutor     |   | Prior Law | Discretionary    | Natural Person                     |
|   |                      |                           | Bene-<br>ficiary | Trus     | Grantor   | Executor  |   | PIIOI Law | Discretionary    | or Entity                          |
|   |                      |                           |                  |          |           |           |   |           |                  |                                    |
|   |                      |                           |                  |          |           |           |   |           |                  |                                    |
|   |                      |                           |                  |          |           |           |   |           |                  |                                    |
|   |                      |                           |                  |          |           |           |   |           |                  |                                    |
|   |                      |                           |                  |          |           |           |   |           |                  |                                    |
|   |                      |                           |                  |          |           |           |   |           |                  |                                    |
|   |                      |                           |                  |          |           |           |   |           | TOTAL:           | 100%                               |

|                      | ESTATE NAME:   | wi a a b l | o ond/               | or irrio          | otion land. Fo                  |  | For numero  | on of dotormining to                              | stal landhaldinga              | land listed               |
|----------------------|--|------------|----------------------|-------------------|---------------------------------|--|-------------|---|--------------------------------|---------------------------|
|                      | that are wholly owned by your trust or estate and that hold in isted again in the appropriate section of this form.  | rigabi     | e and/               | or irrig          | ation land. Fo                  | or additional space, use attachments.                    | For purpose | es of determining to                              | otai iandholdings,             | iand listed               |
|                      | (a)<br>Subsidiary  |            |                      |                   |                                 | (b) State(s) or Country(ies) Where Entity is Established |             | (c)<br>Description of Land<br>ssessor's Parcel Nu |                                | (d)<br>Number of<br>Acres |
| Name:                |  | EIN:       |                      |                   |                                 |  |             |   |                                |                           |
|                      |  |            |                      |                   |                                 |  |             |   |                                |                           |
| Name:                |  | EIN:       |                      |                   |                                 |  |             |   |                                |                           |
|                      |  |            |                      |                   |                                 |  |             |   |                                |                           |
| Include land yo      | e and/or irrigation land parcels westwide that are 100-percent<br>our trust or estate leases from a public entity here instead of<br>the land. For additional space, use Form 7-21CONT-O or yo | t own      | ed by y<br>ling it u | our tr<br>under i | ust or estate.<br>tem 13. Ident | ify such land as leased from a public                    |             |   |                                |                           |
|                      | (b) Legal Description of Land Parcel(s) or   |            | Operate<br>heck or   | -                 |                                 |  |             | Lease Info  | ormation                       | (a)                       |
| (a)<br>District Name | Assessor's Parcel Number(s)  (There is space to list four different parcels [one parcel per line]  if they all are operated by the same natural person or entity  in the same district.)       | Trustee    | Lessee/<br>Sublessee | Other             | Identificatio                   | (d)<br>on of the Lessee, Sublessee, or Othe              | r Operator  | (e)<br>Starting Date<br>(m/d/yr)                  | (f)<br>Ending Date<br>(m/d/yr) | (g)<br>Number of<br>Acres |
|                      |  |            |                      |                   | Name:                           |  |             | / /   | / /                            |                           |
|                      |  |            |                      |                   | Address:                        |  |             | / /   | / /                            |                           |
|                      |  |            |                      |                   |                                 |  |             | / /   | / /                            |                           |
|                      |  |            |                      |                   | Telephone:                      |  |             | / /   | / /                            |                           |
|                      |  |            |                      |                   | Name:                           |  |             | / /   | / /                            |                           |
|                      |  |            |                      |                   | Address:                        |  |             | / /   | / /                            |                           |
|                      |  |            |                      |                   |                                 |  |             | / /   | / /                            |                           |
|                      |  |            |                      |                   | Telephone:                      |  |             | 1 1   | / /                            |                           |
|                      |  |            |                      |                   | Name:                           |  |             | 1 1   | / /                            |                           |
|                      |  |            |                      |                   | Address:                        |  |             | / /   | / /                            |                           |
|                      |  |            |                      |                   |                                 |  |             | / /   | / /                            |                           |
|                      |  |            |                      |                   | Telephone:                      |  |             | / /   | / /                            |                           |
|                      |  |            |                      |                   | Name:                           |  |             | / /   | / /                            |                           |
|                      |  |            |                      |                   | Address:                        |  |             | / /   | / /                            |                           |
|                      |  |            |                      |                   |                                 |  |             | / /   | / /                            |                           |
|                      |  |            |                      |                   | Telephone:                      |  |             | / /   | / /                            |                           |
|                      |  |            |                      |                   | Name:                           |  |             | / /   | / /                            |                           |
|                      |  |            |                      |                   | Address:                        |  |             | / /   | / /                            |                           |
|                      |  |            |                      |                   |                                 |  |             | / /   | / /                            |                           |
|                      |  |            |                      |                   | Telephone:                      | MDED OF AODEO VOUS TO                                    | UOT 05 5    | / /   | / /                            |                           |
| 11.                  |  |            |                      |                   | TOTAL NU                        | MBER OF ACRES YOUR TR                                    | UST OR E    | STATE DIREC                                       | ILY OWNS                       | I                         |

| 12. TRUST O                                      | R ESTATE NAME:  |   |   |  |   |   |   |  |  |  |  |
|--|---|---|---|--|---|---|---|--|--|--|--|
| interest. Do<br>your trust or<br>trust or esta   | LAND YOUR TRU ble and/or irrigation land parcels westwide that your trust of onot include land the trust or estate leases from a public er estate subleases from a sublessor. Include the farm oper te subleases land parcels to others and provide the subles al space, use Form 7-21CONT-L or your own similar contir                             | r estate<br>ntity here<br>ator's na<br>see's na | leases for<br>E. Such<br>Inme in co<br>me and | rom another<br>land is to be<br>olumn (d) if | r party. Include<br>e included unde<br>the land is ope              | e land directly<br>er item 10. In<br>erated by a far  | leased by any e clude the subles  | ntity in which sor's name ar   | d the landow                                   | ner's name in c  | olumn (d) if   |
|  |   | . , .   | rated by:<br>k one)                           |  |   | (d)   |   | Lease Ir   |  |  |  |
| (a)<br>District Name                             | (b) Legal Description of Land Parcel(s) or Assessor's Parcel Number(s)  | Trustee   | Other   |  | (If the land operated by  | andowner's Name of the subset | bleased or is   |  | (e)<br>Starting Date<br>(m/d/yr)               | (f)<br>Ending Date<br>(m/d/yr)   | (g)<br>Number of<br>Acres  |
|  |   |   |   |  |   |   |   |  | / /  | / /  |  |
|  |   |   |   |  |   |   |   |  | / /  | / /  |  |
|  |   |   |   |  |   |   |   |  | / /  | / /  |  |
|  |   |   |   |  |   |   |   |  | / /  | / /  |  |
|  |   |   |   |  |   |   |   |  | / /  | / /  |  |
| 14.<br><b>15.</b>                                | LAND YOUR TRUST OR E  |   |   |  |   |   | IR TRUST O  |  |  | Y LEASES   |  |
| owns up to a<br>as appropria<br>if it holds irri | es that hold irrigable and/or irrigation land in which your tru<br>and including 100-percent interest. Do <b>not</b> include land <b>di</b> l<br>ate. Include land <b>indirectly</b> held by any entity in which you<br>igable and/or irrigation land in more than one district. Obta<br>RUST to ensure the accuracy of the information you provice | rectly he<br>r trust or<br>iin a copy           | eld by an<br>estate of<br>y of the            | y entity in w<br>owns 100-pe<br>entity's com | hich your trust<br>ercent interest.<br>pleted Form 7-               | or estate owr<br>You will have<br>2181 or 7-219   | ns 100-percent ir<br>e to enter an ent<br>91, or a copy of t                              | nterest. Instea<br>ity's name on<br>the trust's or e                 | ad, include th<br>more than or<br>state's comp | at land in item 1<br>ne line   |  |
| (a)<br>District Name                             | (b)<br>Name of Entity   |   | (d<br>Entity                                  |  | (d) Percentage of Interest Your Trust or Estate Owns in Each Entity | (e) Number of Acres Owned by the Entity in Each District  | (f) Owned Acreage Attributable to Your Trust's or Estate's Interest in the Entity (d X e) | (g)<br>Number of<br>Acres Leased<br>by the Entity<br>in Each Distric | (1)<br>Owned                                   | (h)<br>e-Counting<br>estments<br>(2)<br>Adjusted Acres<br>[g minus h(1)] | (i) Leased Acreage Attributable to Your Trust's or Estate's Interest in the Entity |
|  |   |   |   |  |   |   |   |  |  |  |  |
|  |   |   |   |  |   |   |   |  |  |  |  |
|  |   |   |   |  |   |   |   |  |  |  |  |
|  |   |   |   |  |   |   |   |  |  |  |  |
|  |   |   |   |  |   |   |   |  |  |  |  |
| 16.  | TOTAL NUMBER OF ACRES YOUR  |   |   |  |   |   |   |  |  |  |  |
| 17.  | TO  | TAL NU  | JMBEF   | R OF ACE                                     | RES YOUR  | TRUST OF  | ESTATE IN   | DIRECTLY   | LEASES   |  |  |

| 18. TRUST OR ESTATE NAME:   |                   |                 |  |                |                 |                  |                  |                |                   | -               |
|---|-------------------|-----------------|--|----------------|-----------------|------------------|------------------|----------------|-------------------|-----------------|
|   |                   |                 | LDINGS SU  | MMARY          |                 |                  |                  |                |                   |                 |
| Circle the district at which the original form is filed if your trus  | t or estate is a  | a multidistric  | t landholder.  |                |                 | ı                |                  | 1              |                   | 1               |
| 19. DISTRICT NAME(S):   |                   |                 |  |                |                 |                  |                  |                |                   | TOTAL           |
| 20. Total directly owned acres:   |                   |                 |  |                |                 |                  |                  |                |                   |                 |
| 21. Total indirectly owned acres:   |                   |                 |  |                |                 |                  |                  |                |                   |                 |
| 22. Total owned acres (item 20 plus item 21):   |                   |                 |  |                |                 |                  |                  |                |                   | *               |
| 23. Total directly leased acres:  |                   |                 |  |                |                 |                  |                  |                |                   |                 |
| 24. Total indirectly leased acres:  |                   |                 |  |                |                 |                  |                  |                |                   |                 |
| 25. Total leased acres (item 23 plus item 24):  |                   |                 |  |                |                 |                  |                  |                |                   |                 |
| 26. Total owned and leased acres (item 22 plus item 25):  |                   |                 |  |                |                 |                  |                  |                |                   | **              |
| If some of this land was designated as excess by the seller an You must complete a Form 7-21XS for your trust or estate if you excess).  ** NOTE: Complete Form 7-21FC for your trust or estate if land held in your executor, or administrator select trust or estate land to receive Form 7-21FC. | our trust or esta | ite owns any la | and designated and designated and designated and designated and designation an | as excess for  | any reason (f   | for example, you | our trust or est | ate designated | d involuntarily a | cquired land as |
| 27.   |                   |                 | SIGNATURI  | =(\$)          |                 |                  |                  |                |                   |                 |
| All trustees, executors, or administrators must sign this form  | unless the tru    |                 |  |                | e natural per   | rson to sign f   | or the trust o   | or estate.     |                   |                 |
| Attention: This declaration must be signed and dated. Read the  |                   |                 |  |                |                 |                  |                  |                |                   |                 |
| following paragraphs before signing.  |                   |                 |  |                |                 |                  |                  |                |                   |                 |
| Under the provisions of 18 U.S.C. 1001, it is a crime punishable by 5 years imprisonment or a fine of up to \$10,000, or both, for any person to  |                   |                 | Signature of Tru   | stee, Executor | r, or Administr | ator             | <del>_</del>     |                | Date              |                 |
| knowingly and willfully submit or cause to be submitted to any agency of  |                   |                 |  |                |                 |                  |                  |                |                   |                 |
| the United States any false or fraudulent statement(s) as to any matter   |                   |                 |  |                |                 |                  | _                |                |                   |                 |
| within the agency's jurisdiction. False statements by the landowner or  |                   |                 | Othe   | r Required Sig | nature          |                  |                  |                | Date              |                 |
| lessee will also result in loss of eligibility. Eligibility can only be regained  |                   |                 |  |                |                 |                  |                  |                |                   |                 |
| upon the approval of the Commissioner.  |                   |                 | Otho   | r Required Sig | un oturo        |                  | _                |                | Date              |                 |
| I (we) attest that the information provided herein is true, accurate, and complete to the best of my (our) knowledge and agree that <b>any change</b> in the landholdings   |                   |                 | Othe   | r Required Sig | nature          |                  |                  |                | Date              |                 |
| information contained in this declaration will be provided verbally to all districts  |                   |                 |  |                |                 |                  |                  |                |                   |                 |
| named within 30 calendar days of such change, and that new forms will be  |                   |                 | Othe   | r Required Sig | nature          |                  | _                |                | Date              |                 |
| submitted within 60 calendar days of such change. I (we) further attest that any leases of land receiving irrigation water to which my (our) trust or estate is a party   |                   |                 |  |                |                 |                  |                  |                |                   |                 |
| are in writing and have terms that do not exceed 10 years, except perennial crops   |                   |                 | Otho   | r Dogwirod Cia | un atura        |                  | _                |                | Doto              |                 |
| leases which cannot exceed 25 years and must have written approval from the   |                   |                 | Othe   | r Required Sig | nature          |                  |                  |                | Date              |                 |
| Bureau of Reclamation.  | •                 |                 |  |                |                 |                  |                  |                |                   |                 |
| This declaration is required by Public Law 97-293. Failure to declare can result in   |                   |                 | Othe   | r Required Sig | nature          |                  | _                |                | Date              |                 |
| prosecution and/or loss of water deliveries from Federal reclamation projects.  |                   |                 |  |                |                 |                  |                  |                |                   |                 |
| Information obtained in this declaration is protected by the Privacy Act of 1974, system of records notice INTERIOR/WBR-31, and will be used to administer the  |                   |                 | 0.11   | D : 10:        |                 |                  | _                |                |                   |                 |
| acreage limitation provisions of Federal reclamation law. The Secretary of the  |                   |                 | Otne   | r Required Sig | nature          |                  |                  |                | Date              |                 |
| Interior or the district may require additional information in order to administer these  |                   |                 |  |                |                 |                  |                  |                |                   |                 |
| laws. The Secretary may also require a copy of your lease(s).   |                   |                 |  |                |                 |                  |                  |                |                   |                 |
| PLE   | ASE RETURN        | THIS FORM T     | O THE APPRO  | PRIATE DIST    | RICT OFFICE     | E(S).            |                  |                |                   |                 |

### FORM 7-21CONT-O 2018

# CONTINUATION SHEET FOR DIRECTLY OWNED LAND For Certification and Reporting Requirements of the Reclamation Reform Act of 1982

(1-11)

BUREAU OF RECLAMATION

Do not use this form after December 31, 2018. Refer to the instructions of the form for which you are preparing this continuation sheet. You may use this continuation sheet for additional space when listing directly owned land, or you may use your own similar continuation sheet. Type or print in ink. Date and initial crossouts and corrections. Only landholders subject to prior law provisions should complete column (h). Use as many of these continuation sheets as necessary. Visit www.usbr.gov/rra for more information.

| LANDHOLDEF           | R NAME(S):  |                                    |                      |       |  |                                  |                                |               |                         |                   |
|----------------------|---|------------------------------------|----------------------|-------|--|----------------------------------|--------------------------------|---------------|-------------------------|-------------------|
| THIS FORM IS         | S A CONTINUATION OF FORM 7-21   |                                    |                      |       |  |                                  |                                |               |                         |                   |
|                      |   |                                    | LAND                 | ) THE | E LANDHOLDER DIRECTLY OWNS                                     |                                  |                                |               |                         |                   |
| (0)                  | (b) Legal Description of Land Parcel(s) or  | (c)<br>Operated by:<br>(check one) |                      |       | (4)  | Lease In                         | formation                      | (g)<br>Number | (h)<br>PRIOR LA<br>ONLY |                   |
| (a)<br>District Name | Assessor's Parcel Number(s) (There is space to list four different parcels [one parcel per line] if they all are operated by the same natural person or entity in the same district.) | Self                               | Lessee/<br>Sublessee | Other | (d) Identification of the Lessee, Sublessee, or Other Operator | (e)<br>Starting Date<br>(m/d/yr) | (f)<br>Ending Date<br>(m/d/yr) | of<br>Acres   | Was<br>Acquire<br>12/06 | ed After<br>6/79? |
|                      |   |                                    | 0                    |       |  | , ,                              | , ,                            |               | YES                     | NO                |
|                      |   |                                    |                      |       | Name:  | / /                              | / /                            |               |                         |                   |
|                      |   |                                    |                      |       | Address:   | / /                              | / /                            |               |                         |                   |
|                      |   |                                    |                      |       |  | / /                              | / /                            |               |                         |                   |
|                      |   |                                    |                      |       | Telephone:   | / /                              | / /                            |               |                         |                   |
|                      |   |                                    |                      |       | Name:  | / /                              | / /                            |               |                         |                   |
|                      |   |                                    |                      |       | Address:   | 1 1                              | / /                            |               |                         |                   |
|                      |   |                                    |                      |       |  | / /                              | / /                            |               |                         |                   |
|                      |   |                                    |                      |       | Telephone:   | / /                              | / /                            |               |                         |                   |
|                      |   |                                    |                      |       | Name:  | 1 1                              | / /                            |               |                         |                   |
|                      |   |                                    |                      |       | Address:   | 1 1                              | / /                            |               |                         |                   |
|                      |   |                                    |                      |       |  | 1 1                              | / /                            |               |                         |                   |
|                      |   |                                    |                      |       | Telephone:   | / /                              | / /                            |               |                         |                   |
|                      |   |                                    |                      |       | Name:  | / /                              | / /                            |               |                         |                   |
|                      |   |                                    |                      |       | Address:   | / /                              | / /                            |               |                         |                   |
|                      |   |                                    |                      |       |  | / /                              | / /                            |               |                         |                   |
|                      |   |                                    |                      |       | Telephone:   | / /                              | / /                            |               |                         |                   |
|                      |   |                                    |                      |       | Name:  | / /                              | / /                            |               |                         |                   |
|                      |   |                                    |                      |       | Address:   | 1 1                              | / /                            |               |                         |                   |
|                      |   |                                    |                      |       |  | / /                              | / /                            |               |                         |                   |
|                      |   |                                    |                      |       | Telephone:   | / /                              | / /                            |               |                         |                   |
|                      |   |                                    |                      | •     | 1  |                                  |                                |               |                         |                   |

#### **FORM 7-21CONT-O (2018)**

| LANDHOLDER    | NAME(S):   |          |                           |       |  |                                  |                                |                              |                         |                   |
|---------------|--|----------|---------------------------|-------|--|----------------------------------|--------------------------------|------------------------------|-------------------------|-------------------|
| THIS FORM IS  | A CONTINUATION OF FORM 7-21  |          |                           |       | DATED  |                                  |                                |                              |                         |                   |
|               |  |          | LAND                      | TH    | E LANDHOLDER DIRECTLY OWNS                                 |                                  |                                |                              |                         |                   |
| (a)           | (b) Legal Description of Land Parcel(s) or   | ηO<br>() | (c)<br>perated<br>heck or | ne)   | (d)  | Lease In                         | formation                      | (g)<br>Number<br>of<br>Acres | PRIOR<br>ON             | ILY               |
| District Name | Assessor's Parcel Number(s) (There is space to list four different parcels [one parcel per line] if they all are operated by the | Self     | Lessee/<br>Sublessee      | Other | Identification of the Lessee, Sublessee, or Other Operator | (e)<br>Starting Date<br>(m/d/yr) | (f)<br>Ending Date<br>(m/d/yr) |                              | Was<br>Acquire<br>12/06 | ed After<br>6/79? |
|               | same natural person or entity in the same district.)   |          | J S                       |       |  | (m/a/yr)                         | (m/d/yr)                       |                              | YES                     | NO                |
|               |  |          |                           |       | Name:  | / /                              | 1 1                            |                              |                         |                   |
|               |  |          |                           |       | Address:   | / /                              | / /                            |                              |                         |                   |
|               |  |          |                           |       |  | / /                              | / /                            |                              |                         |                   |
|               |  |          |                           |       | Telephone:   | / /                              | / /                            |                              |                         |                   |
|               |  |          |                           |       | Name:  | / /                              | / /                            |                              |                         |                   |
|               |  |          |                           |       | Address:   | / /                              | / /                            |                              |                         |                   |
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|               |  |          |                           |       | Telephone:   | / /                              | 1 1                            |                              |                         |                   |
|               |  |          |                           |       | Name:  | / /                              | 1 1                            |                              |                         |                   |
|               |  |          |                           |       | Address:   | 1 1                              | 1 1                            |                              |                         |                   |
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|               |  |          |                           |       | Telephone:   | 1 1                              | 1 1                            |                              |                         |                   |
|               |  |          |                           |       | Name:  | / /                              | / /                            |                              |                         |                   |
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### FORM 7-21CONT-L 2018

# CONTINUATION SHEET FOR DIRECTLY LEASED LAND For Certification and Reporting Requirements of the Reclamation Reform Act of 1982

(7-17)

BUREAU OF RECLAMATION

Do not use this form after December 31, 2018. Refer to the instructions of the form for which you are preparing this continuation sheet. You may use this continuation sheet for additional space when listing directly leased land, or you may use your own similar continuation sheet. Type or print in ink. Date and initial crossouts and corrections. Use as many of these continuation sheets as necessary. Visit www.usbr.gov/rra for more information.

| LANDHOLDER N         | AME(S):   |         |                      |  |                                  |                                |                    |
|----------------------|---|---------|----------------------|--|----------------------------------|--------------------------------|--------------------|
| THIS FORM IS A       | CONTINUATION OF FORM 7-21   |         |                      | DATED  |                                  |                                |                    |
|                      | LAND  | THE LAN | DHOLDE               | R DIRECTLY LEASES FROM ANOTHER PARTY   |                                  |                                |                    |
| (0)                  | (b)   | (c) Ope | rated by:<br>ck one) | (d)<br>Landowner's Name  | Lease                            | nformation                     | (g)                |
| (a)<br>District Name | Legal Description of Land Parcel(s) or<br>Assessor's Parcel Number(s) | Self    | Other                | [If the land has been subleased or is operated by a farm operator, see the instructions to the form for other needed names.] | (e)<br>Starting Date<br>(m/d/yr) | (f)<br>Ending Date<br>(m/d/yr) | Number of<br>Acres |
|                      |   |         |                      |  | / /                              | 1 1                            |                    |
|                      |   |         |                      |  | / /                              | 1 1                            |                    |
|                      |   |         |                      |  | / /                              | / /                            |                    |
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|                      |   |         |                      |  | / /                              | 1 1                            |                    |
|                      |   |         |                      |  | / /                              | 1 1                            |                    |
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| LANDHOLDER'S         | NAME:  |                              |       |  |                                  |                                |                           |
|----------------------|--|------------------------------|-------|--|----------------------------------|--------------------------------|---------------------------|
| THIS FORM IS A       | CONTINUATION OF FORM 7-21  |                              |       | DATED  |                                  |                                |                           |
|                      | LAND THE LAND  |                              |       | R DIRECTLY LEASES FROM ANOTHER PARTY   |                                  |                                |                           |
|                      | (6)  | (c) Operated by: (check one) |       | (d)<br>Landowner's Name  | Lease Inf                        | (a)                            |                           |
| (a)<br>District Name | (b) Legal Description of Land Parcel(s) or Assessor's Parcel Number(s) | Self                         | Other | [If the land has been subleased or is operated by a farm operator, see the instructions to the form for other needed names.] | (e)<br>Starting Date<br>(m/d/yr) | (f)<br>Ending Date<br>(m/d/yr) | (g)<br>Number of<br>Acres |
|                      |  |                              |       |  | / /                              | / /                            |                           |
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OMB CONTROL NO.: 1006-0005

### FORM 7-21CONT-I 2018

# CONTINUATION SHEET FOR INDIRECTLY HELD LAND For Certification and Reporting Requirements of the Reclamation Reform Act of 1982

(7-17)

BUREAU OF RECLAMATION

Do not use this form after December 31, 2018. Refer to the instructions of the form for which you are preparing this continuation sheet. You may use this continuation sheet for additional space when listing indirectly held land, or you may use your own similar continuation sheet. Type or print in ink. Date and initial crossouts and corrections. Only landholders subject to prior law provisions should complete column (j). Use as many of these continuation sheets as necessary. Visit www.usbr.gov/rra for more information.

| continuation oncote ac | modeled y. Their www.debrigevina for more information. |  |   |                           |   |   |                              |                          |   |            |                                  |
|------------------------|--|--|---|---------------------------|---|---|------------------------------|--------------------------|---|------------|----------------------------------|
| LANDHOLDER             | NAME(S):   |  |   |                           |   |   |                              |                          |   |            |                                  |
|                        | A CONTINUATION OF FORM 7-21                            | DATED                                    |   |                           | <del></del>   |   |                              |                          |   |            |                                  |
|                        | LAND THE LAND  | HOLDER INDIRECT                          | LY HOLD                                     | S THROL                   | IGH OTHER   | RENTITIES   | S                            |                          |   |            |                                  |
| (0)                    | (b)  | (c)                                      | (d)<br>Percentage<br>of Interest            | (e)<br>Number of<br>Acres | (f)<br>Owned<br>Acreage<br>Attributable             | (g) Number of Acres Leased by the Entity in Each District | Double-<br>Adjus             | h)<br>Counting<br>tments | (i)<br>Leased<br>Acreage                                  | PRIO<br>Of | (j)<br>R LAW<br>NLY<br>Owned     |
| (a)<br>District Name   | (b)<br>Name of Entity                                  | Entity Employer<br>Identification Number | the<br>Landholder<br>Owns in<br>Each Entity | O                         | to the<br>Landholder's<br>Interest in the<br>Entity |   | (1)<br>Owned Acres<br>in (g) | Acres                    | Attributable to<br>the<br>Landholder's<br>Interest in the | Land A     | Land Acquired<br>After 12/06/79? |
|                        |  |  | Lacii Littiy                                |                           | (d X e)   |   | (9)                          | [g minus h(1)]           | Entity  | YES        | NO                               |
|                        |  |  |   |                           |   |   |                              |                          |   |            |                                  |
|                        |  |  |   |                           |   |   |                              |                          |   |            |                                  |
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|                        |  |  |   |                           |   |   |                              |                          |   |            |                                  |
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|                        |  |  |   |                           |   |   |                              |                          |   |            |                                  |

FORM 7-21CONT-I (2018)

| LANDHOLDER    | 'S NAME:                    |  |   |  |   |  |                       |                          |   |  |          |
|---------------|-----------------------------|--|---|--|---|--|-----------------------|--------------------------|---|--|----------|
| THIS FORM IS  | A CONTINUATION OF FORM 7-21 | DATED                                    |   |  |   |  |                       |                          |   |  |          |
|               | LAND THE LANDH              | OLDER INDIRECT                           | LY HOLD                                     | S THROU                                    |   | ENTITIES                                       | S                     |                          |   |  |          |
| (a)           | (b)                         | (c)                                      | (d)<br>Percentage<br>of Interest            | (e)<br>Number of<br>Acres                  | (f)<br>Owned<br>Acreage<br>Attributable             | (g)<br>Number of<br>Acres                      | (<br>Double-<br>Adjus | h)<br>Counting<br>tments | (i)<br>Leased<br>Acreage<br>Attributable to | (j<br><b>PRIOR</b><br><b>ON</b><br>Was C | ILY      |
| District Name | Name of Entity              | Entity Employer<br>Identification Number | the<br>Landholder<br>Owns in<br>Each Entity | Owned by<br>the Entity in<br>Each District | to the<br>Landholder's<br>Interest in the<br>Entity | Leased<br>by the Entity<br>in Each<br>District | (1)<br>Owned<br>Acres | (2)<br>Adjusted<br>Acres | the<br>Landholder's<br>Interest in the      | Land Address 12                          | 2/06/79? |
|               |                             |  | Each Entity                                 |  | (d X e)   | District                                       | in (g)                | [g minus h(1)]           | Entity                                      | YES                                      | NO       |
|               |                             |  |   |  |   |  |                       |                          |   |  |          |
|               |                             |  |   |  |   |  |                       |                          |   |  |          |
|               |                             |  |   |  |   |  |                       |                          |   |  |          |
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|               |                             |  |   |  |   |  |                       |                          |   |  |          |