

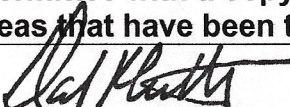


Transfer of Coverage Form

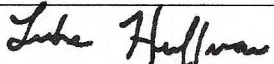
Aquatic Plant and Algae Management General Permit

Both the original Permittee and the new Permittee(s) must sign this form. Provide the date the new applicator will assume responsibility for permit coverage. Once both parties sign this form, the new Permittee becomes responsible for permit compliance and permit fees.

I. Original Permittee

Permit Number: WAG994250		
Permittee's Name: David Kluttz		
Company: Lakeland Restoration Services, LLC		
Mailing Address: 78 E River Spur		
City: Priest River	State: ID	Zip: 83856
Phone Number: (208)597-6601	Fax:	
In order to ensure compliance with permit Section S1.A.2.a.ii.3, the Original Permittee must supply with New Permittee with a copy of a map that shows the areas covered under permit, and the areas that have been treated.		
Signature: 		

II. New Permittee

Name: Luke Huffman		
Company: Lakeland Restoration, LLC		
Mailing Address: PO BOX 1825		
City: Priest River	State: ID	Zip: 83856
Phone Number: (606)425-0466	Fax:	
Email address: lukechandlerh@gmail.com		
WSDA Aquatic Pesticide License Number: 100387		Expires: 12/31/2020
Will assume responsibility and liability for coverage on: Silver Lake WAG994250		
Signature: 		

III. Permit Contact (if different from New Permittee above)

Name: Luke Huffman		
Company: Lakeland Restoration, LLC		
Mailing Address: PO BOX 1825		
City: Priest River	State: ID	Zip: 83856
Phone Number: (877) 273-6674	Fax:	
Email address: lakeland@lakelandrs.com		